EMPATHY IN CHILD MOLESTERS:

A COMPARATIVE VIEW

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by

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CONTENTS

ABSTRACT

In recent years there has been a large amount of research into the causes and treatment of child molestation. One focus of this research was concerned with the role of empathy deficits in child molesters. This thesis discusses the research to date in this area, with particular reference to the definition and nature of empathy, and the question of whether deficits in child molesters might be victim specific rather than general. It then investigates the nature of empathy deficits in child molesters, and compares them with empathy deficits in other offenders.

Thirty incarcerated child molesters, twenty incarcerated violent offenders, and twenty incarcerated nonsexual/nonviolent offenders completed four questionnaires, including the Emotional Apperception Test. While there were no significant differences between groups, the EAT revealed that child molesters and violent offenders have deficits in their ability to emotionally replicate the states of their victims. These and other findings are discussed in relation to previous and future research, and an amended version of the EAT is recommended.

I. INTRODUCTION

Much research has focused on obtaining an understanding of those adults who seek and enact sexual activity with children. This is understandable given the fear and abhorrence with which these people are viewed by society, and particularly given the often devastating effects wrought upon their child victims.

Studies of non-clinical populations report prevalence rates of child molestation ranging from 7.7 to 38% (Salter, 1988). Obviously, it is difficult to obtain accurate statistics in this area, as both offenders and victims are often unwilling to discuss or report their experiences. Whether the true figure lies at the bottom or the top of this range or beyond it, however, an understanding of these individuals is necessary for their successful treatment.

The majority of those who sexually offend against children are males, and although some females do so offend, for simplicity of presentation in this thesis such offenders will be referred to as male. There are several "labels" used to refer to these offenders. Two common labels are child sex offenders and child molesters. Of the two, child molesters is the more emotive, and perhaps less technical, term, but for present purposes it will be used for the sake of simplicity and clarity. The technical term pedophile is the one category of child sex offender that appears in the Diagnostic and Statistical Manual (3rd revision), which makes no further distinctions despite the fact

that this term applies to only approximately three percent of child molesters in an outpatient setting (Knight & Prentky, 1990).

Child molesters may be further differentiated. A detailed approach to such differentiation has been taken by Knight and Prentky (1990), but is superfluous to the needs of this study. The more general differentiation between intra-familial, or incestual, and extra-familial child molesters is relevant to this study, and the importance of this difference will be discussed. The idea that child rapists might form a category distinct from child molesters was not supported by the work of Hillbrand, Foster, and Hirt (1990).

Hobson (1985) defined child molestation as any contact of a sexual nature between an offender and someone who is incapable "...either legally or realistically of giving consent." Groth (1979) pointed out that a child cannot give such consent because he or she does not have the knowledge or understanding necessary to negotiate such an encounter with an adult.

Research has begun to uncover some of the characteristics of child molesters. In terms of demographic variables such as socio-economic status, intelligence, and employment history, they are seldom different from nonoffenders (Hobson, 1985). They vary in age from 14 to 73 (Groth, 1979), with the majority in their twenties (Hobson, 1985). Most offenders know their victim (Groth, 1979, Hobson, 1985), while according to Groth (1979) 14% victimize a member of their own family. According to Hobson (1985) few child molesters are psychotic. Williams and Finkelhor (1990), in a review of the literature, found six studies reporting elevated psychopathy scores.

Three characteristics commonly attributed to most child molesters are a sexual preference for children, homosexuality, and a history of being sexually abused. These three characteristics are controversial because of contradictory findings such as those of Groth (1979). He found that 49% of his sample of child molesters responded exclusively to children, and that 51% responded only to females, 28% only to males, and 21% to both.

Various authors (e.g. Freeman-Longo, 1986) have stated that most child molesters have themselves been sexually abused at some time in the past. Longo (1983) states that in his experience as many as 70% have been so abused, while Hobson (1985) claims this for approximately 80% of the men in his programme. Williams and Finkelhor (1990) however, found from a review of the literature on incestuous fathers that the mean of the reported figures is 20%, which the authors point out is close to the rates in the general community. On the other hand, they found that up to 50% of incestuous fathers had suffered physical abuse. Whether the low rate of sexual abuse reported by this study reflects the history of all child molesters, or whether it underlines the importance of differentiating between intra- and extra-familial offenders, is not clear.

Other characteristics attributed to child molesters are low self-esteem, a feeling of isolation, insecure masculine identification, paranoid ideation, impaired social relations, misidentification and management of emotions, and a lack of empathy (Hobson, 1985; Williams, & Finkelhor, 1990). The last two factors are of particular interest to this study. It is clear from the literature in this area that empathy may be a

vital factor in the enactment of child molestation. It is the purpose of this review of the literature to establish why, and the purpose of this study to establish how.

1. WHAT IS EMPATHY?

> **empathy** /'empəθaɪ / n. *Psychol.* The power of identifying oneself mentally with (and so fully comprehending) a person or object of contemplation....[transl. G *Einfühlüng* f. *ein* in + *Fühlüng* feeling, after Gk *empatheia*: see SYMPATHY]
>
> (Allen, 1990, p. 384)

So states the Concise Oxford Dictionary. For the researcher or theorist, however, defining the concept of empathy is more complex than simply finding the relevant page of the dictionary. For many years, in fact, although definitions abounded, there was little consensus among researchers. In the past, this lack of consensus was even blamed for what was then a lack of research in this area (Deutsch, & Madle, 1975).

The term empathy was originally translated by Tichener in 1910 from the German word Einfuhlung: feeling oneself into. Since then, the principal disagreement over the definition of empathy has centered around whether it is an affective or a cognitive

response; that is, whether it is simply an affective reaction to another's emotion, or the act of taking the perspective of another person, or a combination of the two.

The cognitive view is that empathy is the process of taking the role of another person, and thus understanding, at a cognitive level, what that other person is experiencing. This view prevailed in the 1950s (Batson, Fultz, & Schoenrade, 1987), and was still held by some in the succeeding years (e.g. Chlopan, McCain, Carbonell, & Hogan, 1985; Hogan, 1969; Smith, 1966).

In the 1960s the cognitive view generally gave way to a more affective approach (Batson, Fultz, & Schoenrade, 1987). According to this view, empathy is an affective reaction to what is perceived to be happening to another, and to what the other is perceived to be feeling. Many researchers adhere to this view (e.g. Aronfreed, 1968,1970; Davis, 1983, 1994; Eisenberg, & Mussen, 1978; Hoffman, 1978, 1984; Iannotti, 1975; Mehrabian, Young, & Sato, 1988; Stotland, 1969).

Even within the affective view, however, there is disagreement. While some researchers assert that in order for a response to be defined as empathy the affect of the perceiver must exactly match that of the perceived person (e.g., Feshbach, 1975), others claim that this responsive affect need only be similar to that of the perceived person (e.g. Aronfreed, 1968, 1970; Hoffman, 1982; Mehrabian, Young, & Sato, 1988; Miller, & Eisenberg, 1988). Definitions such as that of Hoffman (1984), which define empathy as a response which is more appropriate to the situation of another person than to one's own, avoid this problem, as well as that of whether empathy is an affective or a cognitive process.

Hoffman (1982), however, makes a strong case for the similarity view over the identical view by describing a hypothetical situation. In this situation, a terminally ill child, who is ignorant of his condition, is displaying joy. Hoffman claims that the observer, who is aware of the child's plight, rather than simply experiencing joy, will experience sadness, or perhaps a mixture of joy and sadness, or will even suppress their sadness so as to share the child's joy. Thus, although the affect experienced is not identical, the response is certainly empathic.

In more recent years, a multidimensional view of empathy, encompassing both affective and cognitive components, has been advocated. While many researchers include both components in their definitions (e.g. Hanson, & Scott, 1995; Ickes, 1993; Keefe, 1976; Pithers, 1994), this multidimensional view has been most strongly advocated by Davis (1983, 1994). Feschbach (1978) stated that some of the definitional confusion surrounding the concept of empathy might be due to confusion between process and product, and Davis (1994) has extended this idea in support of a multidimensional view. Davis states that the antecedents of empathy are the person and the situation, the processes of empathy are noncognitive, simple cognitive, and advanced cognitive, and the outcomes of empathy are affective and nonaffective. Thus empathy may be defined as an affective outcome resulting from a cognitive process.

Some theorists also include the necessity for self-other differentiation in an empathic response (e.g. Eisenberg, & Fabes, 1990; Miller, & Eisenberg, 1988). This requirement that the observer be aware that he or she is separate from the stimulus came to the fore with Mead's (1934) work. Still other theorists include the accurate perception of others

and the communication of one's understanding of others in their definitions of empathy (e.g. Astin, 1967; Izard, 1971; Pithers, 1994).

Another problem encountered in defining empathy is its common confusion with the concept of sympathy. Although undoubtedly similar, these two concepts are quite distinct from one another. At the most basic level, empathy involves an emphasis on the feelings of the observed while sympathy involves an emphasis on the feelings of the observer (Iannotti, 1975). Like empathy, sympathy involves some emotion induced by the situation of another, but similarity between the affect of the observed and the observer is not necessary, and the affective response of sympathy must involve distress, sadness, or concern (Eisenberg, & Fabes, 1990; Miller, & Eisenberg, 1988).

Thus sympathy may be defined as the experiencing of distress due to understanding another's negative situation, as distinct from empathy, which may be the experiencing of any emotion due to understanding and vicariously experiencing another's situation, be it positive or negative.

For the present, then, empathy may be defined as the experiencing of an emotion similar to that of another person and which arises due to the cognitive act of taking that person's perspective, and experiencing their situation as one believes that that person is experiencing it. More comprehensive and operational definitions of empathy will be discussed below under "The Process of Empathy".

2. THE PROCESS OF EMPATHY

Various researchers have offered different conceptualisations of the particular processes involved in empathy. Those of McFall (1990), Batson (1987), Keefe (1976), Feshbach (1982), and Marshall, Hudson, Jones, and Fernandez (1995) are described below.

McFall's (1990) model is not one of empathy specifically, but rather it is an Information-Processing Model of Social Skills. Empathy is, however, a social skill, and McFall's model provides a general description of the processes involved. The first of these is the use of decoding skills, that is, accurately receiving, perceiving, and interpreting sensory information. The second is the use of decision skills, which involves coming up with possible responses to what is perceived. The final process is using execution skills to enact a response (Lipton, McDonel, & McFall, 1987; McFall, 1990).

Batson's (1987) model, while it applies specifically to empathy, views empathy as a motivation to help. The first process is the perception that someone is in need, followed by adopting the perspective of that person. Degree of attachment to that person is then assessed, followed by a vicariously induced emotional response. These processes result in altruistic motivation, which leads to a helping response.

Keefe (1976) developed his model in the context of social work and intervention. He refers to the first stage as perceiving the "gestalt" of another accurately, that is, their

emotions and thoughts. The second stage is to allow cognitive and affective responses to arise in the self, without engaging qualifying or distorting processes. During these processes, self-other differentiation must be maintained. The final process in Keefe's model is the communication of feedback to the other person.

This communication aspect of empathy is excluded from Feshbach's (1975, 1978) model. He does, however, include the ability both to perceive and identify the emotions of others, and to take the perspective of others. The third process of this model is the experiencing of emotion identical to that of the person observed.

The most recent model comes from Marshall, Hudson, Jones, and Fernandez (1995), who conceptualise empathy as a four-stage process. As with the models described above, the first stage of this model is emotional recognition. A study by Goldstein and Michaels (1985) found that the average accuracy scores of identification for the six primary emotions were 79% for happiness, 65% for surprise, 62% for fear, 57% for sadness, 55% for anger, and 54% for disgust. People in general, then, are less adept than might be expected at identifying emotions, particularly negative ones.

The second stage of the four-stage model, as in Keefe's (1976) and Batson's (1987) models, is perspective taking. According to Hanson (1992), this involves skills such as a general understanding of social situations, and may be impaired by factors such as intoxication, anger, or sexual arousal.

The next stage involves emotional replication. Ability for this will obviously depend on the emotional repertoire of the individual; a feeling that is not understood will be

difficult to replicate. Marshall et al. (1995) note that sexual offenders and nonsexually aggressive men, in particular, do not have an extensive emotional repertoire and have difficulties in accurately labelling their own feelings. This may sometimes reach the point of a psychological condition known as alexithymia: the complete inability to express emotion verbally (Lane, & Schwartz, 1987).

Finally comes the response decision, deciding whether or not to act on what is felt. This stage will only be reached, however, if the first three stages have occurred. This is a progressive model, and a lack of ability at any stage will prevent progress to the next stage, and thus impair the ability to experience empathy.

4. ORIGINS OF EMPATHY AND MODES OF EMPATHIC AROUSAL

Where does this empathic tendency come from? This question has yet to be answered conclusively. The two primary evolutionary arguments are a) that empathy is a mechanism for altruism, which has become innate because it aids the survival of the genes of those related to an altruistic individual (Davis, 1994), and b) that the capacity for taking the perspective of others was selected as it aided survival (Davis, 1994; Thompson, 1987). Although there is little evidence for such origins, Davis (1994)

concludes from the available studies, particularly those looking at twins, that genetic factors contribute to individual differences in empathy.

Thompson (1987) makes the suggestion that, rather than empathy itself being innate, humans may possess innate modes of empathic arousal. He suggests that one such mechanism could be motor mimicry, whereby the innate propensity to mimic the facial expression and postures of others leads to inner cues which help the observer to comprehend the emotions of the observed.

The development of empathy in humans is also an area of theoretical discussion. One theory holds that, before one year of age, humans possess global empathy, which in the second year of life becomes egocentric empathy. In the third year, empathy for the feelings of others develops, which by late childhood or early adolescence becomes empathy for another's general condition (Davis, 1994).

The most influential view, however, is the social-cognitive view, which is based on the developmental theory of Piaget. According to this view the ability to empathise depends on various cognitive skills developing. These include such things as person permanence, the ability to differentiate the psychological attributes of ourselves and others, and some role taking ability (Thompson, 1987).

Other theorists have explored the specific mechanisms that control the arousal of empathy, such as Thompson's (1987) concept of motor mimicry, mentioned above. Aronfreed (1968) suggests that all empathy arises from a conditioning process,

whereby experiences which directly affect a child are associated with cues, such as facial expression, which convey the experiences of others.

The most comprehensive theory in this area comes from Hoffman (1982, 1984). He suggests six modes of arousal, beginning with the reactive newborn cry, the observed phenomenon of a newborn beginning to cry when it hears another infant crying. Hoffman suggests that this may be innate, or it may be a form of conditioning whereby the sound of crying is associated with past distress experienced by the newborn, such as birth. As the most probable explanation, however, Hoffman suggests that the baby cannot tell the difference between its own cry and that of another, and thus cries to what it perceives is its own crying. The second mode of arousal is classical conditioning, as in Aronfreed's (1968) theory, and the third is direct association, whereby the experiences of another remind the observer of their own past experiences. The fourth mode is mimicry, as suggested by Thompson (1987).

The fifth mode of arousal suggested by Hoffman (1982, 1984) is symbolic association. This refers to cues, such as the written word, which can convey the experiences of others. The final, and most effective, mode of empathic arousal suggested by Hoffman is role taking. It is unlikely that these modes of arousal form a stage sequence, as Hoffman acknowledges. He suggests that the first drops out, that the sixth is infrequent, and that the other four may occur under various circumstances throughout life. Which mode operates in a given situation will depend, according to Hoffman (1982), on the salient cues; if they are expressive, mimicry will operate, if situational, conditioning, if pictorial or verbal, symbolic, while role-taking may be employed in any situation.

While it has the advantage of being comprehensive, Hoffman's (1982, 1984) theory has its weaknesses. Mussen and Eisenberg (1977) have pointed out its speculative nature, and the difficulties of testing many of its aspects empirically. Another problem is his postulate that role taking is an infrequent occurrence. Given the inclusion of role taking in most contemporary definitions of empathy, this seems a somewhat bold statement. Research and theorising about empathy deficits, which will be discussed later in this literature review, support the idea that, while certain unempathic individuals may lack perspective taking ability, this is the exception rather than the rule.

4. EMPATHY AS AN INHIBITOR OF AGGRESSION

The correlation between empathy and prosocial behaviour, particularly helping, has been postulated and supported by many researchers (Eisenberg, & Mussen, 1978; Mehrabian, & Epstein, 1972; Mussen, & Eisenberg, 1977). The other side of this coin is the conceptualisation of empathy as an inhibitor of antisocial behaviour, especially aggression.

Given the definition of empathy as feeling what the observed person feels, it follows that the causing of distress by a person who feels empathy will lead to that person feeling distressed themselves. It then follows that the instigator of that distress will

attempt to lessen their own discomfort by relieving that of their victim. In order to inflict harm on another person, and continue to inflict such harm, a lack of empathy is indicated.

The idea of empathy as a mediator of prosocial behaviour has been around for some time, yet although Mead referred, in 1934, to behaviour being controlled through "...responding as the other responds", as recently as two decades ago Fesbach (1978) reported that there were no studies supporting a relationship between the characteristics of high empathy and low aggressiveness.

Since that time, of eleven studies reviewed by Davis (1994), only three failed to find that extremely aggressive behaviour was negatively associated with role taking, a major component of empathy. Goldstein and Michaels (1985) also report that empathy is related to low aggressiveness in boys and, in another review, Frude (1989) reports that physically abusive parents tend to lack empathy.

It is this inhibitory effect of empathy that has led researchers to hypothesize that certain types of criminals, particularly violent and sexual offenders, lack empathy. These people cause great distress to others, and continue to do so despite evidence of this distress. This suggests two possibilities. Either these offenders do empathically experience the distress of their victims, and somehow ignore it, or else they in some way lack the capacity to empathise. Of the two, and given the evidence supporting a negative relationship between empathic ability and aggressiveness cited above, the latter seems more likely.

The idea that the relationship between empathy and aggression is one of commonality rather than inhibition has been suggested by Feshbach (1975), but he himself adds that the independent child-rearing antecedents of the two favour an inhibitory explanation. How, then, does empathy act as an inhibitory mechanism in those who are empathic?

Davis (1994) offers three possible ways in which empathy may inhibit aggression. The first mechanism is cognitive, whereby role taking increases understanding of the point of view of the other, diminishing the likelihood of aggression, presumably through identification. The second two mechanisms are affective. According to the first, the distress caused by the aggression is shared by the aggressor, who then stops or reduces the aggression in order to escape his or her own vicariously induced distress. According to the second affective mechanism, the victim's distress leads to empathic concern, which acts as a motive to increase the welfare of the other, which is achieved by stopping the aggression.

The dichotomy of Davis' (1994) affective explanations is related to the debate among researchers of prosocial behaviour as to whether there is truly such a thing as altruism. The first mechanism proposed reflects the view that there is no such thing as a truly altruistic act, but rather that the motivation to reduce the suffering of another comes from the urge to relieve the personal distress caused by the perception of such suffering. The second mechanism reflects the opposing view, that helping behaviour is based purely on the urge to decrease someone else's suffering, with any lessening of one's own distress occurring purely as a by-product. The issue of altruism and helping encompasses a large body of research, but for here suffice it to say that, regardless of

motivation, the experience of empathetically induced emotion may lead to a decrease in aggression.

5. MEASURES OF EMPATHY

Before moving on to a discussion of empathy in child molesters, the most widely used measures of empathic ability are briefly reviewed. These are Hogan's (1975) empathy scale, Mehrabian and Epstein's (1972) Questionnaire Measure of Emotional Empathy (QMEE), and Davis' (1980) Interpersonal Reactivity Index (IRI).

Hogan's (1975) empathy scale has to date been the most widely used empathy measure which is based on a purely cognitive conceptualisation of empathy (Davis, 1994). Hogan (1975) developed this scale by having a variety of people rate characteristics as most or least characteristic of empathic individuals. From this he developed his 64 item scale, which possesses adequate reliability and concurrent validity (Hogan, 1969).

Mehrabian and Epstein's QMEE has been the most frequently used measure of empathy which is based on an affective definition (Davis, 1994). From a review of the literature (Chlopan, McCain, Carbonell, & Hogen, 1985) this measure and that of Hogan appear to be both valid and reliable, but the correlation between the two measures is low. The reason for this low correlation appears to be that although both of these scales measure some form of empathy, each measures a distinct sub-component of the overall

construct. Hogan's measure is one of perspective taking, while the QMEE is one of emotional responsivity.

In line with his multidimensional approach to empathy, Davis (1980) set about constructing a scale that measured both of these sub-components. The result is a 28 item self report scale, comprised of four 7-item sub-scales, entitled the Interpersonal Reactivity Index. These sub-scales assess a) perspective taking; b) fantasy, described as the tendency to identify with characters in fictional situations, such as movies; c) empathic concern; and d) personal distress. Davis (1983) found that the perspective taking sub-scale had a high correlation with Hogan's cognitive measure and a low correlation with the QMEE, while the fantasy and empathic concern sub-scales showed the opposite relationship.

Hanson (1992) has declared the psychometrics of the IRI to be acceptable. Davis (1980) reports substantial test retest and internal reliabilities for all four sub-scales, and by examining their relationship with measures of social functioning, self-esteem, emotionality, and sensitivity to others has provided evidence that these are in fact four separate constructs (Davis, 1983). Carey, Fox, and Spraggins (1988) found factor analytical support for the scale's dimensionality and sub-scale item composition, and successfully generalised the measure to a different sample from that of Davis (1980).

Although it is the most valuable measure of general empathy to date, the IRI does have its limitations, not least of which is its very generality. Recent speculation that empathy may be more situation specific than has previously been thought has required the development of empathy scales that measure situational empathy rather than

dispositional empathy. One such scale, which is of particular relevance here, has been developed by Ware (1997) to measure the empathy of child molesters.

This scale, called the Emotional Apperception Test (EAT), is comprised of vignettes that tap general empathy, empathy for victims, and empathy for the offender's own victim(s). These vignettes vary in ambiguity, and most importantly and unlike other measures in this area, the test is competency based. Furthermore, it attempts to establish at which level of the previously mentioned four-stage model of empathy empathy deficits occur. Of these four stages, three are tested by the EAT: emotional awareness (EA), perspective taking (PT), and emotional replication (ER). Ware (1997) established the reliability of the EAT, and found that it discriminated between child molesters and non-offenders for both general and victim specific empathy.

The necessity for research using measures such as the EAT, as well as the continued usefulness of measures such as the IRI, will be discussed further following a discussion of empathy deficits in child molesters and other offenders.

6. EMPATHY DEFICITS IN CHILD MOLESTERS AND OTHER OFFENDERS

When research into empathy deficits in child molesters first began, it was assumed that empathy was a trait-like characteristic, present to a greater or lesser extent in different

individuals, but stable within the individual. More recently, however, research findings have indicated that empathy may be state- rather than trait-dependent, with individual empathic ability varying from situation to situation. The following discussion of empathy in child molesters and other offenders will begin with evidence for and against general, trait-type empathy deficits, followed by evidence for and against more specific, state-type deficits.

Many studies in this field compare empathy ratings of different types of offenders, commonly murderers, those convicted of assault with a deadly weapon, rapists, child molesters, and those guilty of non-violent property offences. Hoppe and Singer (1976) conducted one such study. Their results showed no relationship between empathy scores on the EETS or on the QMEE and type of offender, nor did these scores differ significantly from those of male college students assessed by Mehrabian and Epstein (1972). These results led Hoppe and Singer to conclude not that there were in fact no differences, but rather that these were not useful measures of empathy in this area.

Other studies have investigated empathy deficits using the IRI. Hayashino, Wurtele, and Klebe (1995) found no differences between child molesters, rapists, other offenders, and lay persons. Marshall, Jones, Hudson, and McDonald (1993) also found no differences between incarcerated child molesters and normative data on the total or sub-scale scores of the IRI.

In contrast, several researchers have found evidence of generalised empathy deficits in child molesters and other offenders. Hobson (1985), found such deficits in both child molesters and rapists, while Lisak and Ivan (1995), using the QMEE and the Facial

Affect Recognition Task, found relatively low empathy in sexually aggressive men as compared to men who were not sexually aggressive.

A comparison of the perception of intimate relationships of child molesters, rapists, violent nonsexual, and nonsexual nonviolent offenders revealed that the last group were rated significantly higher on a measure of mutual empathy (Ward, McCormack, & Hudson, 1997). In a related vein, Heath (1986) found that victims of intra-familial abuse perceived their parents as less nurturing than other abuse victims and controls.

Less empirical evidence of empathy deficits in rapists comes from interview data collected by Scully (1988). Of 79 convicted rapists, 54% of those who admitted to being rapists stated that they felt nothing for the victim during the offence, while 69% of those who denied that what occurred was rape gave this response.

Chaplin, Rice, and Harris' (1995) comparison of child molesters and non-offenders revealed lower scores by the child molesters on the Hogan Empathy Scale, while, in contrast to their above mentioned results with incarcerated child molesters, Marshall, Jones, Hudson, and McDonald (1993) found that non-incarcerated child molesters had low scores on the IRI, especially on the fantasy sub-scale.

Bush (1991), also using the IRI, found that child molesters were significantly worse than community controls at perspective taking, although there were no significant differences on the other sub-scales. Hudson, Marshall, Wales, McDonald, Bakkar, and McLean (1993), also looking at more specific sub-components of empathy, found that

sex offenders had deficits in their ability to identify emotions accurately, the first stage in the four-stage model of empathy.

Hudson, Marshall, Wales, McDonald, Bakker, and McLean (1993), as part of their first study of empathy deficits in sex offenders, compared the accuracy of extra-familial child molesters in identifying emotions in both children and adults. No differences were apparent in the subjects' accuracy with these two groups, yet for both the child molesters were less accurate than controls. Although the researchers saw this as evidence of a general rather than a specific empathy deficit, the argument could be made that, for these child molesters at least, the specific deficit occurs not at the level of emotion identification, but at some other level, such as perspective taking.

These studies suggest that some kind of general empathy deficit may be present in child molesters, but the following research suggests that this may not be the primary deficit, but in fact a more state-dependent, or victim-specific, deficit.

In another attempt to test the assumption that child molesters are specifically unempathic towards children, Hanson and Scott (1995) developed the Child Empathy Test. The scores of sex offenders on this measure were not significantly different from those of nonsexual offenders or from those of non-offenders. In support of the specific deficit hypothesis, however, intra-familial child molesters made more errors on items in the test that involved incest.

If empathy deficits in aggressors are victim specific, then rapists would be expected to have trouble empathising with women. Lipton, McDonel and McFall (1987) found that

rapists had problems reading women's emotional cues, while Malamuth and Brown (1994) found the same deficit in self-reported sexually aggressive men. Lipton, McDonel, and McFall (1987) found similar results using the Test of Reading Affective Cues. While rapists were worse than nonviolent/nonsexual offenders at reading men's cues, they were significantly worse at reading women's cues. This was particularly so in the case of negative cues, which is noteworthy in that these are the kinds of cues most likely to be expressed by women in rape situations.

Williams and Finkelhor (1990) also found evidence of victim specific deficits in their review of empathy research with intra-familial child molesters. Of eight studies reviewed, seven found that such offenders have empathy deficits, particularly towards their own children. The only study that did not find empathy deficits had assessed the empathy of such offenders towards their wives rather than their children.

One of the most convincing studies to date comes from Marshall, Jones, Hudson and Mcdonald (1994). Because empathy scales have tended to measure a general empathic tendency, Marshall et al. created their own scale for use with child molesters. This measure was made up of vignettes to which the subject was required to respond. Each of these vignettes involved a distressed but not abused child, a general sexual assault victim, or the respondent's own victim. This measure was applied to child molesters and to demographically similar non-offenders. Child molesters were found to be equally able to identify the feelings of the nonabused but distressed victim, and to be able to respond emotionally to these feelings. They were less empathic towards general sexual abuse victims, and extremely unempathic towards their own victims.

A recent study by Ware (1997) used the EAT to compare the empathy of child molesters and non-offenders. This study found that child molesters were extremely unempathic towards their own victims compared to other potential victims of sexual abuse and to those in general situations. They were also, however, less empathic towards the latter two groups than were community controls. The evidence from the EAT deserves a lot of attention as it is, unlike most other measures used, a competency based measure.

The evidence reviewed here suggests that while there may be relatively stable individual differences in empathy, and while child molesters and other aggressive offenders may be lower in this trait than is the norm, this is not the whole story. Studies of victim-specific deficits, particularly those of Marshall et al. (1994) and Ware (1997), provide support for the hypothesis that offenders are highly unempathic towards their own victims, and that they also have smaller deficits regarding other potential victims and/or people in general.

Another question in the domain of empathy deficits in child molesters is at which stage of the proposed four-stage model of empathy (Marshall et al., 1995) do these deficits occur? Using the EAT, Ware (1997) found that there were no differences between child molesters and community controls in emotional recognition ability, regardless of the class of the target person. This contradicts the findings of Marshall et al. (1993), mentioned earlier, that child molesters had general deficits in identifying emotions. Another study already mentioned, that of Lisak and Ivan (1995), found that sexually aggressive men had general deficits in emotional recognition. Ware (1997) points out,

however, that the EAT tests emotional sophistication at a more abstract level, while researchers such as Hudson et al. (1993) used facial affect recognition.

The EAT (Ware, 1997) did however reveal child molester deficits in perspective taking. These deficits were particularly significant towards their own victims, although there were also smaller deficits towards victims in general. These results are in line with those of other perspective taking research, discussed earlier.

Emotional replication is also a problem for child molesters. Ware (1997) found that this was a general deficit, not victim-specific. Furthermore, it was not explained completely by the deficits at the perspective taking stage. Even for those who did not have problems at either of the preceding stages, emotional replication still proved difficult.

Ware's (1997) study was based on small sample sizes, and it is important that these results be further tested. Results such as these suggest that empathy training should focus on emotional replication, which to date has not been a central issue of such programmes.

7. HOW IS EMPATHIC RESPONDING SUPPRESSED?

The finding that child molesters are selectively unempathic towards their own victims implies that although they possess the ability to empathise, they somehow suspend this ability during an offence. Finkelhor (1986) lists the overcoming of internal inhibitions as one of his four proposed preconditions of sexual abuse. Suggestions for how this may be achieved include dehumanisation of the victim, the use of alcohol, emotional arousal, disinhibitory self-talk, cognitive deconstructing, and cognitive distortions. These are discussed below.

i. Dehumanisation of the Victim

Dehumanising a victim has been suggested as a possible escape from empathic arousal (Hoffman, 1982). Hobson (1985) states that rapists do in fact dehumanise their victims, while of fourteen child molesters interviewed by Gilgun and Connor (1989) ten viewed their victim merely as an object.

Bandura, Underwood, and Fromson (1975) investigated the effects of dehumanisation on interpersonal aggression. Given that empathy is seen as an inhibitor of aggression, the presence of aggression may be construed as indicating a lack of empathy. Under conditions of diffused and undiffused responsibility, subjects were given the opportunity to express aggression against victims who had been humanised, neutralised, or dehumanised. Dehumanising of the victim was found to have a more

disinhibitory effect on aggression than diffusion of responsibility, and the amount of aggression towards the victims increased with the degree of their dehumanisation. This supports the hypothesis that individuals, including child molesters, may suspend the inhibitory effect of empathy on aggression by dehumanising their victims.

ii. Alcohol

Many offenders claim that alcohol was instrumental in their offending. Groth (1979) found that 30% of his sample were alcohol dependent, while 34% abstained, although he does not indicate how many were intoxicated at the time of their offence. Barbaree, Marshall, Yates, and Lightfoot (1983) estimated that between 30 and 50% of rapists are intoxicated during the offence.

Although alcohol is often cited as a disinhibitor (e.g. Finkelhor, 1986), only one study, by Hanson and Scott (1995), appears to have investigated the effects of alcohol on empathic responding. These researchers compared sex offenders, nonsexual offenders, and community non-offenders on an Empathy for Women test. Perspective taking deficits were found only in those who were not intoxicated at the time of the offence. The authors hypothesise that those who were sober at the time of the offence were able to offend because their perspective taking deficits interfered with their ability to empathise, while those who were intoxicated would usually be prevented from offending by empathic understanding, but alcohol had impaired their empathic abilities. This suggests that for a minority of offenders alcohol may play a primary role in offending, although this is not the case for the majority of offenders.

iii. Emotional Arousal

Strong emotion, particularly anger, may also play a role in the offending of some individuals. Yates, Barbaree, and Marshall (1984) compared the arousal of rapists and non-rapists to depictions of forced and consensual sexual interactions. Rapists showed the same extent of arousal to both types of depiction, while non rapists showed less arousal to the forced scenarios. When experimentally manipulated into feeling angry towards a female, however, non-rapists displayed enhanced arousal towards the rape depictions, such that their responses were similar to those of the rapists. In rape in particular, then, anger may inhibit empathy, thus disinhibiting arousal to rape cues.

Porter and Critelli (1994) investigated the hypothesis that inhibitory self-talk may be what differentiates non-rapists from rapists. The articulated thoughts during simulated situations paradigm was used as subjects listened to audio-tapes of consensual sex and date rape. The non-rapists were found to engage in inhibitory self-talk, while the rapists were found to engage in disinhibitory self-talk. This behaviour, however, only effected actual arousal in the consensual sex condition. Still, it may be that all men have the potential to be aroused by rape cues, but that most men are able to inhibit this arousal through the use of techniques such as inhibitory self-talk, while rapists instead engage in disinhibitory self-talk.

Any or all of these factors may play a part in the inhibition of empathy in different offenders. The paucity of research concerning any of them, however, makes conclusions difficult to reach.

iv. Cognitive Deconstruction

Another factor which theorists suggest may inhibit empathy is cognitive deconstruction. The concept of cognitive deconstruction was developed by Baumeister (1991). His theory is that one way to escape from the self when it becomes associated with unpleasantness is to reduce the self to bodily movements and sensations, thus removing all meaning and deconstructing the self-construct. Mental processes involved in cognitive deconstruction include the rejection of meaning, shrinkage of time-span, a focusing on details and procedures, and rigid thinking. Because empathy depends on meaning, it cannot function in a cognitively deconstructed state, which may explain why such a state can reduce inhibitions against certain behaviours. Baumeister (1991) reports that research shows that inhibitions cease to function when identity and meaning are rejected.

Ward, Hudson, and Marshall (1995) suggest that cognitive deconstruction is engaged in by child molesters, and that it is this, combined with other factors, which allows them to offend. They suggest that when the child molester feels vulnerable and inadequate his self-image is challenged and he experiences negative emotions, which in turn leads him to engage a cognitively deconstructed state. This in turn leads to a cessation of normal self-regulation, such as empathy, which allows the child molester to offend. they also suggest that a cognitively deconstructed state may induce a strong urge for gratification, which would further increase the likelihood of offending.

v. Cognitive Distortions

Perhaps the most extensively researched and discussed disinhibitor of child molester behaviour is cognitive distortion. One group of researchers in particular has advocated the view that maladaptive beliefs and cognitive distortions are common in child molesters, and that they help these individuals to overcome inhibitions towards their behaviours (Abel, Becker, & Cunningham-Rathner, 1984; Hudson, Marshall, Ward, Johnston, & Jones, 1995; Marshall, Hudson, & Ward, 1992; Scully & Marolla, 1984; Ward, Hudson, & France, 1993; Ward, Hudson, Johnston, & Marshall, 1997; Ward, Hudson, & Marshall, 1995).

Abel, Becker, and Cunningham-Rathner (1984) suggest that these cognitive distortions arise when the developing individual realises that his sexual arousal patterns are different to those accepted by his society. By distorting his cognitions, he can justify his behaviour without threat to his self image. Thus cognitive distortions arise from a conflict between the reinforcement of the behaviour, and internal knowledge that it is wrong (Abel, Gore, Holland, Camp, Becker, & Rathner, 1989). Other theorists see these cognitive distortions as an attempt by the offender to present himself as normal after the offence has occurred (Scully, & Marolla, 1984).

Hudson et al. (1995) believe that while child molesters are not in fact deficient in empathy, they do employ cognitive distortions to allow them to be unempathic towards their own victims. They may therefore see only what their distorted cognitions lead them to expect to see through selective attention to expectancy consistent information (Ward, Hudson, Johnston, & Marshall, 1997). For example many child molesters

believe that their actions do not harm the child, and some even believe that the child benefits (Marshall, & Barbaree, 1989), despite cues from the child of fear, distress, and even disgust. Although they must obviously see these cues, the child molesters interpret them in a manner consistent with their pre-existing beliefs. This is supported by a review of three studies on perspective taking, in all of which reactions were misinterpreted by child molesters in an expectancy consistent fashion, suggesting perspective taking deficits (Ward, Hudson, Johnston, & Marshall, 1997).

Generally, the literature indicates that child molesters are focused on themselves, that they minimise the effects of their behaviour, that they rationalise their behaviour, that they misattribute the consequences of their behaviour, and that they view children in sexual terms and as unharmed and even benefited by sexual activity (Gilgun, & Connor, 1989; Jenkins-Hall, 1989; Marshall & Barbaree, 1989; Segal, & Stermac, 1990; Ward, Hudson, Johnston, & Marshall, 1997).

Several studies have confirmed that child molesters have relatively high levels of cognitive distortions. Abel et al. (1989) found that child molesters had more cognitive distortions than a normative group, while Bush (1991) found that both intra- and extra-familial child molesters had significantly higher levels than student controls before receiving therapy for such distortions, but that these differences disappeared after therapy. Another study, conducted by Hayashino, Wurtele, and Klebe (1995), found higher levels of cognitive distortions in extra-familial child molesters than in intra-familial child molesters, rapists, other offenders, and lay persons.

A study by Freeman-Longo (1986) of child molesters who had themselves been abused found that such men make no connection between their own experience and what their victim is going through, and that they "block" any thoughts or feelings about what their victim is experiencing.

Stermac and Segal (1989) found that child molesters were relatively more likely to see a child involved in sexual contact with an adult as both responsible for and benefiting from the experience. Interviews conducted by Phelan (1995) with incestuous fathers suggested to Phelan that the fathers' interpretation of their daughters' reactions was important in their decision to continue with the offending behaviour. Over half of these men reported thinking that their daughters enjoyed the experience, and 12 out of 40 claimed that their daughters had initiated the behaviour.

Interview data from 79 convicted rapists (Scully, 1988) reveals both a lack of empathy and distorted cognitions. Of those who admitted that they were guilty of rape a quarter had no idea how they were perceived by the victim during the offence, nor did 45% of those who denied that what occurred was rape. Furthermore, of the admitters, 58% thought that their victim viewed them negatively, while 20% thought that they were viewed positively. For the deniers, positive and negative interpretations were 45% and 10% respectively. The overall more realistic interpretations by those who accepted responsibility for their offence favours the hypothesis that cognitive distortions are used by offenders to rationalise their behaviour.

Jenkins-Hall (1989) has compiled a list of some of the specific cognitive distortions employed by child molesters. For intra-familial offenders these include such

distortions as: it is better than committing adultery; she treated me more like a husband than her mother did; she was so promiscuous it was better than some punk getting her pregnant. The distortions of extra-familial offenders included: some children are very seductive; children can make their own decisions; I am not hurting her, just showing her love; the child did not resist, and therefore must have wanted it. Ward, Hudson, and Marshall (1995) also note that child molesters tend to interpret passivity as active agreement. Other common distortions are: it helps the child; adults can predict when child-adult sex will damage the child in the future; and child-adult sex will become acceptable in society (Abel et al., 1989).

Scully and Marolla (1984) compiled, from interview data, a list of excuses and justifications used by rapists. Deniers tended to justify their behaviour, either by blaming the victim or by accepting some minor wrong doing, such as adultery or poor judgement, but not rape. Admitters tended to use excuses, blaming alcohol or drugs, emotional problems, and other factors "outside their control", and attempted to convey the image of really being a "nice guy".

How, then, do individuals such as child molesters and rapists develop and maintain these cognitive distortions, particularly in the face of so much disconfirmatory evidence both from their victims and from society? The most promising explanation is that they use particular styles of information processing. Specifically, they interpret incoming information in a manner that is consistent with the views they already hold, and which best serves their interests (Ward, Hudson, Johnston, & Marshall, 1997).

Johnson and Ward (1996) attribute this to the use of mental shortcuts such as stereotyping. Such stereotypes shape the way that information is processed, so that through selective interpretation, attention, and exposure, things are perceived to be how they are expected to be. In short, people sometimes see what they want, and/or expect, to see. This would explain such things as sex offenders interpreting their victims' responses as enjoyment, when in fact the victim is feeling fear and disgust and anger. Johnson and Ward also suggest the difference between offenders and non-offenders may be that non-offenders are simply better at suppressing unwanted thoughts, and therefore do not seek to confirm them. Furthermore, the distorted perceptions of these individuals may enhance the pre-existing cognitive distortions (Ward, Hudson, & Marshall, 1995). This premise is supported by the finding of Abel et al. (1989) that the longer an offender has been offending, the more cognitive distortions he endorses.

vi. Summary

Overall, it seems that alcohol may be a factor in some, but not all, cases of empathy suppression, while anger may be highly relevant to its suppression in acts of rape. More experimental research is needed, however, before the precise contribution of these factors, and others such as inhibitory self-talk, can be adequately assessed.

Of the mechanisms for the inhibition of empathy that have been reviewed here, cognitive distortions are certainly the most thoroughly researched. The high level of such distortions in child molesters may be due to a need to deal with their behaviour after the offence, however, rather than to a pre-offence need to suppress empathy. It seems most likely that cognitive distortions occur both before the offence, in order for

the offender to justify continuing the behaviour, and after the offence, in order for the offender to maintain his self-image and justify his behaviour to others.

As hypothesised by Ward, Hudson, and Marshall (1995), cognitive deconstruction may also be a major factor in the suppression of empathy, although no research has been conducted with child molesters in this area. Future research may find links between a propensity to cognitive distortions and a propensity to cognitive deconstruction in child molesters.

8. TRAINING EMPATHY

Reviews of the literature (Hornblow, 1980; Mussen, & Eisenberg, 1977) have led to the conclusion that it is possible to enhance empathic ability through training, and despite the fact that the exact nature of empathy deficits in child molesters has not been established, most sex offender treatment programmes include some form of empathy training (Marshall, O' Sullivan, & Fernandez, 1996). Hildebran and Pithers (1989) point out that it is necessary to complement cognitive understanding with empathic motivation not to reoffend. As they see it, cognitive understanding can be rationalised, whereas empathy for the victim gives motivation for using behavioural management techniques, and has the potential to stop relapse.

Hanson (1992) describes the goals of victim empathy training. He states that victim empathy is most likely to be achieved when the offender can have a caring relationship with the victim, can perspective take accurately, and can cope constructively with the consequences of this perspective taking.

Most contemporary sex offender treatment programmes are cognitive behavioural in nature and, as mentioned above, generally contain an empathy component. It is apparent from the literature (Hildebran, 1989; Hudson, Marshall, Ward, Johnston, & Jones, 1995; Marshall, Jones, Ward, and Johnston, 1991) that most such components use similar techniques, as outlined below.

Empathy training tends to occur in the context of group therapy. After assessment, offenders are required to describe the effects and consequences of offending, with the therapist adding any that are missed. Next, those which the offender thinks apply to his own victim are stated, and are challenged by the group and the therapist. Victim accounts are then read aloud and watched on tape, followed by the writing of an account by the offender from the perspective of the victim. A hypothetical response is then written which acknowledges responsibility, and this again is challenged by the group and rewritten until it meets with approval. Role plays in which offenders play both their own role and that of their victim are then enacted. Some programmes include having the offenders describe their own emotions and those of their victims, and some require the offenders to describe the hypothetical abuse of a member of their own family, and describe what they think the feelings of the victim and themselves would be in this situation.

Few studies have experimentally assessed the efficacy of such treatments. One such study, conducted by Bush (1991), found no differences in empathy scores between child molesters before and after such treatment. However, while these men were trained in victim empathy, they were assessed on general empathy using the IRI, making it unlikely that improvements would emerge at assessment. An assessment of the treatment of extra-familial offenders conducted by Marshall, O'Sullivan, and Fernandez (1996) produced more positive results. Using the data from Marshall et al.'s (1993) study as pretreatment levels of empathy, Marshall et al. (1996) found that at post-treatment there was an improvement not only in the offenders' capacity to empathise with their own victims, but also in their capacity to empathise with general sexual abuse victims.

Studies such as those of Marshall et al. (1996) encourage both the continuance of such treatment programmes, and attempts to comprehend more fully the role of empathy in offending. Further support comes from more anecdotal evidence, such as this excerpt from an interview with an offender after treatment in North Florida:

> "...when I first came here, if I saw someone doing a role play of molesting a child, I would get aroused...Tuesday we saw a role play of someone molesting a child...I felt a sick stomach...there were huge tears in the girl's eyes and an awareness that she didn't want to do this...That was not my experience. Something along the way changed the way I experienced it."
>
> (Barnard, Fuller & Robbins, 1988, p. 42).

9. ATTACHMENT STYLES AND OFFENDERS

Related to the lack of empathy in child molesters is the observation that child molesters tend to conform to certain attachment styles, and are characterised by intimacy deficits in their social relationships. This is a phenomenon that has been observed by various researchers, including Marshall (1989). Child molesters tend to be lonely and experience few intimate relationships, and those who do form relationships tend to report that they are superficial and lack any great degree of intimacy.

Attachment theory originated with Bowlby and Ainsworth (1991), and although originally it dealt with the attachment between children and their caregivers, it has been extended to adult relationships. Recently various researchers have investigated attachment styles in sex offenders and how these styles may relate to offending behaviour (Marshall, 1989; Seidman, Marshall, Hudson, and Robertson, 1994; Ward, Hudson, & Marshall, 1996).

An attachment style model, coupled with a review of the research literature, has led Ward, Hudson, Marshall, and Siegert (1995) to generate the following descriptions of securely, preoccupied, fearfully, and dismissively attached individuals. Secure individuals are high in self esteem and see others as accepting, and as a result maintain relationships with high degrees of intimacy. Preoccupied individuals appraise others positively but see themselves as unworthy, causing them to seek the approval of others too much. These individuals tend to sexualise their need for security and affection, causing loneliness and low levels of aggression. Fearful individuals, while they desire social contact, tend to avoid it due to distrust and fear of rejection. Their relationships

tend to be impersonal, leading to loneliness, and they tend to express aggression indirectly. Dismissive individuals value independence rather than close relationships, and are therefore unlikely to report being lonely and are liable to fear intimacy.

An individual's attachment style is a result of his or her working models, which Bowlby (1991) suggests are formed as a result of early attachment experiences, while Ward, Hudson, Marshall, and Siegert (1995) posit that they develop from cumulative interpersonal experiences.

There have been many recent studies looking at the attachment styles and intimacy deficits of sex offenders. Seidman et al. (1994) found that rapists and child molesters were more deficient in intimacy and were more lonely than either violent offenders or community controls. Likewise, Lisak and Ivan (1995) found, using a variety of measures, that rapists had a significantly lower intimacy score than control subjects.

Ward, Hudson, and Marshall (1996) compared the attachment styles of child molesters, rapists, violent offenders, and nonviolent/nonsexual offenders. The majority of the participants were insecure, which the researchers hypothesised might indicate a general vulnerability factor for offending. The nonviolent/nonsexual offenders were most likely to be secure, while rapists and violent offenders were most likely to be dismissive. Child molesters, on the other hand, were most likely to be preoccupied or fearful. This lends support to the suggestion of Ward et al. (1997) that different types of offenders may have different kinds of intimacy problems.

While intimacy deficits and loneliness arising from non-optimal attachment styles may be a cause or a consequence of offending behaviour, most theorising to date has explored the notion of the relationship as being causal in nature. Marshall and Barbaree (1990) theorise that insecure attachment leads to young males being unable to cope adequately with puberty or to form satisfactory intimate relationships with other adults. Sex and intimacy may then become confused, and sexual deviancy may develop.

Hudson and Ward (1997) suggest that deviant sexual behaviour such as sex with children may be engaged in in an attempt to satisfy nondeviant needs for intimacy which, due partly to the offenders attachment style, are not met in other ways.

Research and theorising such as that outlined above makes the further study of this area worthwhile, particularly if intimacy deficits do play a causative role in offending behaviour. For this reason the current study on empathy in offenders will also investigate attachment styles.

10. COPING STYLES

Another individual variant that this study addresses is coping style. As intimacy

deficits may play an etiological role in sex offending, so may styles of coping. Coping may be defined as

> "...a person's constantly changing cognitive and behavioral efforts to mange specific external and/or internal demands that are appraised as taxing or exceeding the person's resources."
>
> (Folkman, Lazarus, Dunkel-Schetter, Delongis, & Gruen, 1986, p.993)

Folkman et al. (1986) report that factor analysis reveals eight distinct styles of coping. Confrontive coping is characterised by aggressive efforts to alter one's situation; distancing coping is characterised by efforts to distance oneself from the situation; self-controlling coping is characterised by efforts to regulate one's own feelings; social-support seeking is characterised by seeking informational support; accepting responsibility is characterised by the acknowledgment of one's own role in the situation and with attempts to remedy the situation; escape-avoidance coping is characterised by wishful thinking and efforts to escape or avoid the situation; plentiful problem solving is characterised by deliberate problem-focused efforts to alter one's situation; positive reappraisal is characterised by efforts to create positive meaning by focusing on personal growth. It may be that child molesters, and other offenders, generally use less effective coping mechanisms than other people.

Many sex offenders report being under stress at the time of their offence, and their subsequent offending may, in part, result from an inability to cope effectively with such stress. In the same way, it may be that violent offenders react to certain situations with violence in the absence of other coping strategies.

It is accepted that personality and coping are involved in the causation and maintenance of various kinds of maladaptive behaviour (Hewitt, & Flett, 1996), yet while the differences in coping strategies in men and women have begun to be investigated (Krohne, 1996), the field of coping in offenders has yet to be explored.

One possible relationship between empathy and intimacy deficits in child molesters and coping styles is that involving the coping style of social support seeking (Folkman et al., 1986). Many people, when under pressure or experiencing problems will turn to other people for support and advice. For those who have preoccupied or fearful attachment styles, as Ward, Hudson, and Marshall (1995) found to be the case with child molesters, this may not present itself as an option. Because preoccupied individuals are overly concerned with the approval of others, they may hesitate to reveal their problems and uncertainties. Fearful individuals are also unlikely to seek social support as a result of their distrust of, and fear of rejection by, other people. Furthermore, because neither of these attachment styles are conducive to the development of close relationships, people with such attachment styles may find that they have nobody to turn to when they begin to experience difficulties.

Violent offenders may experience similar problems when it comes to seeking support from others. As dismissively attached individuals, the value that they place on their independence may preclude the possibility, or desire, to rely on others to any extent.

It would be useful to establish whether child molesters in particular are characterised by specific deficits in their coping abilities, such as the absence of social support seeking, so that these deficits could be targeted in treatment in an attempt to prevent further offending.

11. AIMS OF THIS STUDY

The present study has several aims. In the most general sense, it aims to increase knowledge concerning empathy deficits, attachment styles, and coping styles in child molesters and other offenders. It aims to provide more information about the specificity of empathy deficits, and to establish at which stage of empathy they occur. In the process, it will further analyse the usefulness of the EAT.

Several measures of empathy will be used. Davis' (1983) IRI (see appendix 3) will be used to gain a general measure of empathy, while the EAT (Ware, 1997) (see appendices 4 & 5) will be used to measure more specific empathy deficits, and to establish whether these deficits occur at the stage of emotional recognition (EA), perspective taking (PT), or emotional replication (ER). Bartholemew and Horowitz's (1991) Relationship Questionnaire (see appendix 7) and Folkman et al.'s (1986) Ways of Coping Questionnaire (see appendix 6) will be used in an attempt to cast further light

on the attachment styles of child molesters, in the former case, and on the coping styles of child molesters, in the latter case.

These measures will be used to compare the empathic abilities, attachment styles, and copingstyles of intra- and extra- familial child molesters, violent offenders, and nonsexual/nonviolent offenders. Based on the research reviewed here, the following hypotheses will be tested.

EMPATHY

1 a) Child molesters will have relatively lower scores, indicating less empathy, on the child molestation vignettes than on the general vignettes.

b) Violent offenders will have lower scores on both types of vignette than will the nonsexual/nonviolent offenders.

c) Nonsexual/nonviolent offenders will have higher scores on both types of vignette than the child molesters and the violent offenders.

2 a) Violent offenders will have lower scores for PT and/or ER for own offending than for the child molestation vignettes.

b) Violent offenders will have lower scores for PT and/or ER for own offending than for the general vignettes.

3 a) Child molesters will have lower scores for PT and/or ER for own offending than for the child molestation vignettes.

b) Child molesters will have lower sores for PT and/or ER for own offending than for the general vignettes.

4 a) Child molesters will have greater deficits in PT and/or ER during their offence

than before, after, or now.

b) Violent offenders will have greater deficits in PT and/or ER during their offence than before, after, or now.

ATTACHMENT

1. Child molesters will have predominantly fearful and preoccupied attachment styles as found by Ward et al. (1995).
2. Violent offenders will have dismissive attachment styles, as found by Ward et al. (1995).
3. Nonsexual/nonviolent individuals will be securely attached, as found by Ward et al. (1995).

COPING

1. Child molesters will indicate social support seeking as a coping strategy less frequently than other strategies.
2. Violent offenders will also report social support seeking infrequently.
3. Nonsexual/nonviolent offenders will not have any particular maladaptive coping characteristics.

II. METHOD

1. PROCEDURE

All data collection was conducted at Rolleston Prison. Testing took place in interview and visiting rooms within four of the units: Kia Marama, Tawa, Kowhai, and Totara. All those in the Kia Marama unit who had not yet started the empathy component of their treatment were asked to participate. In the other three units, permission to read inmates' files was obtained from the Unit Directors, and those who met the criteria for the different groups were asked to participate.

Prospective participants were called to the interview rooms individually to meet with the experimenter, a twenty-two year old female postgraduate student. Depending on the number of interview rooms available, more than one participant might be present at the one time, although the experimenter was never further away than the next room. They were then given an information sheet about the research, shown the questionnaires, and asked if they would like to participate, having been informed that participation was completely voluntary. Each individual was clearly informed, both in writing and verbally, that refusal to participate would result in no disadvantage to themselves, while consent to participate would likewise result in no benefits to themselves, in terms of their incarceration or material payment.

Inmates who agreed to participate were given a consent form to sign, and told that they could withdraw their participation at any time. They were then given the questionnaires and informed that if they had any problems or questions, the experimenter would be present to help. Requests for help generally involved problems with the spelling or meaning of words, and occasionally reading and writing. Participants generally took between one and a half and two and a half hours to complete the questionnaires, at which point they were thanked for their participation and returned to the compound.

2. PARTICIPANTS

i. CHILD MOLESTERS

The child molester group was composed of 30 males incarcerated at Rolleston Prison, 27 from Kia Marama unit and 3 from Totara unit. All had been convicted under the New Zealand Crimes Act of a variety of offences ranging from sexual violation to inducing an indecent act.

The mean age of child molester participants was 42 years (SD = 13.4, range = 20-74 years). Twenty-two self-reported as Caucasian or European, 5 as Maori, 2 as Samoan, and 1 as Scottish. Eight were married, 2 remarried, 4 were in defacto relationships, 4 separated, 4 divorced, and 8 single. Level of education varied from standard one to a bachelors degree, with 1 having reached standard 1, 1 form 2, 14 form 3-4, 10 form 5-

6, 2 stating secondary education, 1 Bachelors degree, and 1 stating not educated in New Zealand.

The mean sentence being served by this group was 66.2 months (SD = 28.5, range = 24-132 months), plus one participant who was on preventative detention. The number of victims was known for only 26 of these participants, for whom the mean number of victims was 3.0 (SD = 2.7, range = 1-11 victims). Twenty-one participants had exclusively female victims, 3 had exclusively male victims, and 6 had both female and male victims. Nine participants had offended exclusively against their daughter or step-daughter, 4 against another relative such as a niece, brother or sister, 6 against children known but not related to them, 1 against an unknown child, 9 against both relatives and other children known to them and one against an unknown child. Victim ages varied from 23 months to 21 years.

ii. VIOLENT OFFENDERS

The violent offenders group consisted of 20 males incarcerated at Rolleston Prison, 11 from Tawa unit and 9 from Kowhai unit. Participants had at least one violent offence on record, ranging from common assault to murder, and were presently incarcerated for offences ranging from driving while disqualified to murder. The mean sentence being served by this group was 22.5 months (SD = 15.6, range = 9-66 months), not including three offenders who were on periodic detention. None of this group had any record of sexual offending.

The mean age of participants in this group was 28.0 years (SD = 9.75, range = 17-50). Sixteen were self-reported Caucasian and 4 were self-reported Maori. Three were

married, 1 was widowed, 1 was in a defacto relationship, 1 was separated, and 14 were single. One had reached form 1, 9 had reached form 3-4, 9 had reached form 5-6, and one reported secondary education.

iii. NONSEXUAL/NONVIOLENT OFFENDERS

The nonsexual/nonviolent offender group was composed of 20 male offenders incarcerated at Rolleston Prison, all from Tawa unit. Participants in this group were incarcerated for offences ranging from driving while disqualified to burglary, for which the mean sentence being served was 14.3 months (SD = 5.9, range = 6-27 months). Participants in this group had no history of violent or sexual offending.

The mean age of participants in the nonviolent/nonsexual group was 25.8 years (SD = 8.4, range = 18-53). Twelve participants self-identified as Caucasian, 6 as Maori, 1 as Malaysian, and 1 as American. Two were in defacto relationships, 1 was widowed, 1 was divorced, and 16 were single. Eight participants had reached form 3-4, 7 form 5-6, 2 form 7, 1 a Master of Arts, and 1 a polytechnic college education.

3.MATERIALS

i. INTERPERSONAL REACTIVITY INDEX

The IRI (see appendix 3) is a general questionnaire measure of empathy. Respondents are required to read twenty-eight statements, such as "When I see someone get hurt, I tend to remain calm", and then rate how well each of these statements describes them

on a five-point scale from "A" to "E". There are four scales within the IRI: perspective taking, emotional concern, fantasy, and personal distress. Each item receives a score of 1-4 according to the four point scale, and these scores are totaled across the items related to each subscale. The reliability and validity of the IRI have been established (Davis, 1980; Hanson, 1992).

ii. THE EMOTIONAL APPERCEPTION TEST

The Emotional Apperception Test (see appendix 4) was designed by Ware (1997) specifically for the measuring of empathy in child molesters. It is a competency-based measure, in questionnaire form. The EAT consists of two sections, the first of which relates to the offenders own sexual offending, and the second of which measures empathy for "general" situations and for theoretical situations involving child molestation.

Section A is divided into four sections: immediately before the most recent offence, during the most recent offence, after the most recent offence, and now. For each of these time frames, excluding the "now" section, the offender is asked to provide a brief description of the events. These descriptions then serve as vignettes for the questions which follow: "How do you think your victim was feeling at this time?" and "How were you feeling at this time?". For the violent offender group, the wording of section A was altered so as to apply to violent offending (see appendix 5), while for the nonsexual/nonviolent group, section A was not included.

Section B consists of twenty vignettes. These vignettes are emotionally ambiguous, and consist of general emotion evoking situations and situations involving actual or

potential child molestation. Each vignette is followed by two questions, the first of which asks how the respondent thinks that one of the characters in the vignette is feeling, and the second of which asks how this makes the respondent feel.

Both sections of the questionnaire measure the emotional awareness, perspective taking ability, and emotional replication ability of the respondent, mainly through reference to a list of expert criteria. For details of scoring, see Ware (1997). The reliability of the EAT has been established by Ware (1997), as has its ability to discriminate between child molesters and non-offenders for both general and victim specific empathy.

iii. WAYS OF COPING QUESTIONNAIRE

The coping questionnaire (see appendix 6) asks respondents to think of a stressful encounter and then indicate to what extent they used the various "ways of coping" described in the fifty item questionnaire in that situation, for example, "Hoped a miracle would happen". The questionnaire consists of eight scales which correspond to the eight coping styles reported by Folkman et al. (1986) and measures the extent to which the different styles of coping are used by the respondent. The eight coping styles, as reported earlier, are: confrontive; distancing; self-controlling; seeking social-support; accepting responsibility; escape-avoidance; plentiful problem-solving; and positive reappraisal.

A score of 0-3 is given for each item, according to the four point scale, and the scores for the items relating to each of the coping styles are added. The reliability of the

WOC has been established, although reports on its validity are mixed (Folkman & Lazarus, 1985, 1988).

iv. RELATIONSHIP QUESTIONNAIRE

The RQ (see appendix 7) attempts to establish the relationship styles of respondents. Respondents read descriptions of four general romantic relationship styles, which correspond to the four attachment styles of secure, fearful, preoccupied, and dismissing, and indicate which is most like them, and the extent to which each describes them. Scoring consists of summing the number of respondents who choose each option. Psychometrics of the RQ are discussed by Griffin and Bartholomew (1994), who pronounced it reliable, but pointed out that its validity needs to be systematically tested.

4. DATA ANALYSIS

The data from the IRI, the EAT, and the WOC were analysed using analysis of variance, and the data from the RQ were analysed using Chi2.

III. RESULTS

The results of the analyses performed on these data are reported below. They are ordered according to the measure used. It may be noted that no comparison of intra-familial and extra-familial child molesters is reported. Analysis of this data was not carried out due to the relatively low sample size of the child molester group (30) and because of the distribution of intra-familial and extra-familial child molesters within this group (22 and 8 respectively).

1. INTERPERSONAL REACTIVITY INDEX

There were no significant differences between groups on the total scores of the IRI, $F(2, 67) = 2.62$, $p=.080$ (M = 60.66, 52.9, 54.4, SD = 10.84, 12.5, 15.76 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

On the sub-scales (personal distress (PD), perspective taking (PT), empathic concern (EC), and fantasy scale (FS)), the only significant difference between groups was on the PD scale, $F(2, 67) = 4.5$, $p=.0145$ (M = 12.73, 9.05, 9.70, SD = 4.77, 3.97, 5.17 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

There were no significant differences between groups on PT, F(2, 67) = .92, p=.40 (M = 14.7, 14.3, 12.85, SD = 5.02, 4.06, 5.20 respectively for the child molesters, violent, and nonsexual/nonviolent groups). EC also showed no significant differences between groups, F(2, 67) = 24, p=.784 (M = 18.9, 18.1, 18.02, SD = 4.73, 4.5, 6.33 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

Nor were there significant differences on the FS, F(2, 67) = 2.09, p=.131 (M = 14.3, 11.45, 13.85, SD = 4.36, 5.31, 5.53 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

2. EMOTIONAL APPERCEPTION TEST

COMPARISONS OF GROUPS ON CHILD MOLESTATION VIGNETTES

There were no significant differences between groups on any of the sub-scales of the EAT for either the child molestation vignettes or the general vignettes. For emotional awareness on the child molestation vignettes F(2, 67) = 2.11, p=.13 (M = 2.4, 2.1, 2.3, SD = .60, .84, .55 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For perspective taking on the child molestation vignettes F(2, 67) = 1.29, p=.28 (M = .82, .62, .76, SD = .40, .48, .43 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For emotional replication on the child molestation vignettes $F(2, 67) = 1.12$, $p=.333$ (M = .16, .08, .12 SD = .20, .14, .19 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

COMPARISONS OF GROUPS ON THE GENERAL VIGNETTES

For emotional awareness on the general vignettes $F(2, 67) = 2.01$, $p=.142$ (M = 2.72, 2.30, 2.5, SD = .70, .75, .83 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For perspective taking on the general vignettes $F(2, 67) = 2.10$, $p=.131$ (M = 1.10, .88, .87, SD = .44, .46, .50 respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For emotional replication on the general vignettes $F(2, 67) = 1.88$, $p=.160$ (M = 3.5, 2.0, 3.0, SD = 2.56, 2.48, 3.14, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

GROUP TYPE BY VIGNETTE TYPE

An analysis of group type by vignette type revealed one significant relationship. Collapsing the three groups into one revealed that, for each subscale, participants performed better on the general vignettes than on the child molestation vignettes. The group main effects and the interaction effects, however, were not significant. For EA scores for group main effect $F(2, 67) = 2.25$, $p = .113$, for across vignette type $F(1, 67)$

= 19.53, p = .000, and for the interaction effect F(2, 67) = .187, p = .830 (M = 2.4, 2.1, 2.3, SD = .60, .84, .55 respectively for the child molesters, violent, and nonsexual/nonviolent groups on child molestation vignettes, and M = 2.72, 2.30, 2.45, SD = .70, .75, .83 respectively for the child molesters, violent, and nonsexual/nonviolent groups on the general vignettes).

For PT scores for group main effect F(2, 67) = 1.78, p = .177, for across vignette type F(1, 67) = 21.90, p = .000, for and for the interaction effect F(2, 67) = 1.48, p = .235 (M = .82, .62, .76, SD =.40, .48, .43 respectively for the child molesters, violent, nonsexual/nonviolent groups on the child molestation vignettes, and M = 1.1, .88, .87, SD = .44, .46, .50 respectively for the child molesters, violent, and nonsexual/nonviolent groups on the general vignettes).

For ER scores for group main effect F(2, 67) = 1.97, p = .147, for across vignette type F(1, 67) = 68.55, p = .000, and for the interaction effect F(2, 67) = 1.78, p = .177, (M = .16, .08, .12, SD =. 20, .14, .19 respectively for the child molesters, violent, and nonsexual/nonviolent groups on the child molestation vignettes, and M = 3.47, 1.95, 2.95, SD = 2.56, 2.48, 3.14 respectively for the child molesters, violent, and nonsexual/nonviolent groups on the general vignettes).

COMPARISON ACROSS THE OFFENCE CHAIN FOR CHILD MOLESTERS AND VIOLENT OFFENDERS

A comparison of EAT scores over the sub-sections of section A of the EAT revealed one significant result. The scores of the child molesters showed that these participants

have a significantly higher ER score now than before, during, or after their offence, $F(3, 87) = 3.64$, $p = .016$ ($M = .07, .03, .00, .33$, $SD = .37, .18, .00, .76$ respectively for before, during, after offending, and now). There were no significant differences in the ER scores of the violent offenders, who were judged to show no ER at any of the stages in the offence chain.

There were no significant differences across the offence chain for child molesters or violent offenders for EA or PT. For the child molesters, EA was $F(3, 87) = 2.0$, $p = .121$ ($M = 2.5, 2.8, 3.1, 2.6$, $SD = 1.1, 1.1, 1.0, 1.5$ respectively for before, during, after offending, and now), and PT was $F(3, 87) = .093$, $p = .964$ ($M = .90, .90, .87, .97$, $SD = 1.0, .92, .90, .93$ respectively for before, during, after offending, and now).

For the violent offenders on EA $F(3, 57) = .331$, $p = .803$ ($M = 2.4, 2.3, 2.6, 2.4$, $SD = 1.5, 1.5, 1.2, 1.5$ respectively for before, during, after the offending, and now), and for PT $F(3, 57) = 1.745$, $p = .168$ ($M = 1.2, .95, .70, .85$, $SD = 1.01, 1.0, .87, .99$ respectively for before, during, after the offending, and now).

CHILD MOLESTERS AND VIOLENT OFFENDERS OWN OFFENDING COMPARED TO CHILD MOLESTATION AND GENERAL VIGNETTES

A comparison of EA, PT, and ER scores across child molesters and violent offenders for own offending, child molestation vignettes and general vignettes produced several significant results.

Own Offending and Child Molestation Vignettes

There was no significant difference between groups on EA scores across own offending and child molestation vignettes, $F(1, 48) = 3.20$, $p = .080$, although there was a significant difference between vignette types, $F(1, 48) = 8.24$, $p = .006$. The interaction of these variables was not, however, significant, $F(1, 48) = .016$, $p = .90$ (M = 2.74, 2.38, SD = .78, 1.12 respectively for child molesters and violent offenders for own offending, and M = 2.44, 2.05, SD = .60, .84 respectively for child molesters and violent offenders for child molestation vignettes).

There was no significant difference between groups on PT scores across own offending and child molestation vignettes, $F(1, 48) = .433$, $p = .514$, although there was a significant difference between vignette types, $F(1, 48) = 4.21$, $p = .046$. The interaction of these variables was not, however, significant, $F(1, 48) = 1.20$, $p = .278$ (M = .91, .93, SD = .68, .74 respectively for child molesters and violent offenders for own offending and M = .82, .62, SD = .40, .48 respectively for child molesters and violent offenders for child molestation vignettes).

There was a significant difference between groups on ER scores across own offending and child molestation vignettes, $F(1, 48) = 6.91$, $p = .012$, although there was no significant difference between vignette types, $F(1, 48) = 3.49$, $p = .068$, or in the interaction of these variables, $F(1, 48) = .209$, $p = .650$ (M = .108, 0.0, SD = .20, 0.0, respectively for child molesters and violent offenders for own offending, and M = .16, .08, SD = .20, .14 respectively for child molesters and violent offenders for child molestation vignettes).

Own Offending and General Vignettes

There were no significant differences between groups, $F(1, 48) = .57$, $p = .065$, vignette types, $F(1, 48) = .195$, $p = .661$, or their interaction, $F(1, 48) = .054$, $p = .818$ on EA scores for own offending and the general vignettes (M = 2.74, 2.38, SD = .78, 1.12 respectively for child molesters and violent offenders for own offending, and M = 2.72, 2.30, SD = .70, .748 respectively for child molesters and violent offenders for general vignettes).

There were no significant differences between groups, $F(1, 48) = .539$, $p = .467$, vignette types, $F(1, 48) = .541$, $p = .466$, or their interaction , $F(1, 48) = 1.41$, $p = .241$, for PT scores for own offending and the general vignettes (M = .91, .93, SD = .68, .74, respectively for child molesters and violent offenders for own offending, and M = 1.1, .88, SD = .44, .46, respectively for child molesters and violent offenders for general vignettes).

There was a significant difference between both groups and vignette type for ER scores for own offending and the general vignettes, $F(1, 48) = 7.05$, $p = .012$, $F(1, 48) = 35.72$, $p = .00$. However their interaction was not significant $F(1, 48) = .357$, $p = .553$ (M = .11, 0.0, SD = .20, 0.0 respectively for child molesters and violent offenders for own offending, and M = .35, .20, SD = .26, .25 respectively for child molesters and violent offenders for general vignettes).

OWN OFFENDING COMPARED TO CHILD MOLESTATION AND GENERAL VIGNETTES

Comparisons within groups of sub-scale scores on the various vignettes revealed several significant results.

Child Molesters and Child Molestation Vignettes

There was a significant difference between child molesters' EA scores on the own offending and the child molestation vignettes, with higher scores for own offending, $F(1, 29) = 4.02$, $p = .05$ ($M = 2.4$, $SD = .604$ for child molestation vignettes, $M = 2.7$, $SD = .78$ for own offending). However there were no significant differences on the PT or ER subscales for child molesters between own offending and the child molestation vignettes, $F(1, 29) = .502$, $p = .484$, $F(1, 29) = .869$, $p = .359$, respectively for PT and ER (M =.82, .15, SD = .40, .20 respectively for child molestation vignettes for PT and ER, and M =.91, .12, SD =.68, .20 respectively for own offending for PT and ER).

Child Molesters and General Vignettes

There were no significant differences on EA or PT for child molesters between own offending and the general vignettes, $F(1, 29) = .022$, $p = .884$, $F(1, 29) = 1.99$, $p = .169$, respectively for EA and PT (M = 2.72, 1.1, SD = .70, .438 respectively for general vignettes for EA and PT, and M = 2.74, .908, SD = .784, .684 respectively for own offending for EA and PT).

ER scores for child molesters were significantly higher for the general vignettes than for the own offending, F(1, 29) = 55.06, p = .000 (M = 3.47, SD = 2.56 for the general vignettes, and M = .108, SD = .204 for own offending).

Violent Offenders and Child Molestation Vignettes

For the violent offenders there were significant differences on each of the sub-scales between own offending and the child molestation vignettes, F(1, 19) = 5.05, p = .037, F(1, 19) = 5.21, p = .034, F(1, 19) = 6.60, p = .019 respectively for EA, PT, and ER (M = 2.05, .617, .078, SD = .843, .478, .135 respectively for EA, PT, and ER for the child molestation vignettes, and M = 2.38, .925, .000, SD = 1.12, .744, .000 respectively for EA, PT, and ER for own offending).

Violent Offenders and General Vignettes

There were no significant differences on EA or PT for the general vignettes, F(1, 19) = .326, p = .575, F(1, 19) = .112, p = .741 respectively for EA and PT (M = 2.295, .880, SD = .748, .455 respectively for EA and PT for the general vignettes, and M = 2.38, .925, SD = 1.12, .744 respectively for EA and PT for own offending).

Violent offenders showed significantly less ER for own offending than for the general vignettes, F(1,19) = 12.36, p = .0023 (M = 1.95, SD = 2.48 and M = 0.00, SD = 0.00 respectively for general vignettes and own offending).

3. WAYS OF COPING

There were no significant differences between groups on the sub-scales of the Ways of Coping Questionnaire. For confrontive coping F(2, 67) = 1.96, p = .15 (M = 1.05, 1.25, 1.38, SD = .62, .60, .55, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For distancing coping F(2, 67) = 2.83, p = .066 (M = .91, 1.10, 1.30, SD = .57, .59, .52, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For self-controlling coping F(2, 67) = 1.65, p = .199 (M = 1.48, 1.19, 1.32, SD = .58, .52, .57, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For social support seeking coping F(2, 67) = 1.87, p = .162 (M = 1.39, 1.05, .993, SD = .75, .722, .59, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For accepting responsibility coping F(2,67) = 1.87, p = .162 (M = 1.42, 1.05, 1.44, SD = .71, .68, .81, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For escape-avoidance coping F(2, 67) = .198, p = .82 (M = .85, .86, .95, SD = .62, .53, .64, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For plentiful problem-solving coping F(2, 67) = .43, p = .65 (M = 1.49, 1.39, 1.57, SD = .67, .48, .66, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

For positive reappraisal F(2, 67) = 1.13, p = .33 M = 1.47, 1.24, 1.20, SD = .77, .54, .68, respectively for the child molesters, violent, and nonsexual/nonviolent groups).

4. RELATIONSHIP QUESTIONNAIRE

A comparison using Chi2 of attachment style as measured by the RQ revealed no significant findings = (10.38, p=0.11, df=6). There was, however, a very slight trend towards child molesters being less secure in their attachment styles and more preoccupied.

5. THE EMOTIONAL APPERCEPTION TEST AND ATTACHMENT STYLE

CHILD MOLESTATION VIGNETTES

There were no other significant differences in EAT subscale scores across attachment styles. For emotional awareness on child molestation vignettes F(3, 66) = .591,p = .623 (M = 2.37, 2.26, 2.44, 2.14, SD = .57, .75, .52, .78 respectively for secure, fearful, preoccupied and dismissing styles).

For perspective taking on the child molestation vignettes F(3, 66) = .279, p = .841 (M = .80, .74, .65, .72, SD = .43, .45, .40, .46 respectively for secure, fearful, preoccupied, and dismissing styles).

For emotional replication on the child molestation vignettes F(3, 66) = 1.20, p = .319 (M = .10, .15, .21, .09, SD = .17, .19, .25, .16 respectively for secure, fearful, preoccupied, and dismissing styles).

GENERAL VIGNETTES

There were no significant differences in EA or PT scores across attachment styles, although there was a significant difference for ER. For emotional awareness on the general accident vignettes F(3, 66) = .994, p = .401 (M = 2.62, 2.47, 2.81, 2.34, SD = .46, .85, .77, .91, respectively for the secure, fearful, preoccupied, and dismissing styles).

For perspective taking on the general accident vignettes F(3, 66) = .375, p = .771 (M = 1.03, 1.00, 1.00, .88, SD = .42, .43, .50, .55, respectively for the secure, fearful, preoccupied and dismissing styles).

There was a significant difference in the judged ability to emotionally replicate for the general accident vignettes across attachment styles, F(3,66) = 5.21, p = .003 (M = 2.71, 3.78, 4.89, 1.38, SD = 2.37, 3.08, 3.25, 1.63 respectively for secure, fearful, preoccupied, and dismissing attachment styles). Post hoc analysis suggests that while secure, fearful, and preoccupied men are not significantly different on this variable, men with a dismissing style do significantly more poorly at emotional replication than both the fearful and preoccupied men.

6. WAYS OF COPING AND ATTACHMENT STYLE

A comparison of scores on the WOC and on the RQ showed no significant differences. For confrontive coping F(3, 66) = .926, p = .433 (M = 1.31, 1.11, 1.40, 1.09, SD = .577, .618, .798, .525, respectively for the secure, fearful, preoccupied, and dismissing styles).

For distancing coping F(3, 66) = .450, p = .718 (M = .99, 1.17, .97, 1.12, SD = .556, .543, .737, .582, respectively for the secure, fearful, preoccupied and dismissing styles).

For self-controlling coping $F(3, 66) = 2.566$, $p = .062$ ($M = 1.29, 1.42, 1.77, 1.19$, $SD = .558, .533, .620, .513$, respectively for the secure, fearful, preoccupied, and dismissing styles).

For social support seeking coping $F(3, 66) = 2.485$, $p = .068$ ($M = 1.27, 1.29, 1.50, .85$, $SD = .623, .764, .698, .693$, respectively for the secure, fearful, preoccupied, and dismissing styles).

For accepting responsibility coping $F(3, 66) = 1.733$, $p = .689$ ($M = 1.35, 1.47, 1.58, 1.04$, $SD = .772, .772, .750, .639$, respectively for the secure, fearful, preoccupied, and dismissing styles).

For escape-avoidance coping $F(3, 66) = 1.324$, $p = .274$ ($M = .79, 1.00, 1.13, .75$, $SD = .510, .586, .876, .528$, respectively for the secure, fearful, preoccupied, and dismissing styles).

For plentiful problem solving coping $F(3, 66) = 1.539$, $p = .213$ ($M = 1.56, 1.50, 1.76, 1.28$, $SD = .695, .569, .684, .495$, respectively for the secure, fearful, preoccupied, and dismissing styles).

For positive reappraisal coping $F(3, 66) = 1.547$, $p = .211$ ($M = 1.43, 1.42, 1.51, 1.06$, $SD = .788, .630, .619, .624$, respectively for the secure, fearful, preoccupied, and dismissing styles).

IV. DISCUSSION

1. INTERPERSONAL REACTIVITY INDEX

The only significant difference between groups on the IRI was on the personal distress scale, on which the highest scorers were the child molesters and the lowest scorers were the violent offenders. It seems unlikely that those who perpetrate such horrendous offences would be the most susceptible to feeling distress at another's suffering, although the lack of personal distress in violent offenders makes intuitive sense. A possible explanation of the child molesters' high scores on the personal distress scale is that something in the characters of these men does, in general situations, make them susceptible to personal distress, but that this is suppressed in offending situations. Alternatively these men may be trying to present themselves in a better light, not only in the view of others, but perhaps more importantly, in their own eyes.

Other than the PD scores of the sexual offenders, the average scores for each group for the various sub-scales were similar to the average scores obtained from male students, reported by Davis (1980).

One study that did find a deficit in child molesters on the IRI was that of Bush (1991). In this case, the deficit was in perspective taking. The lack of differentiation between groups on the sub-scales of the IRI other than personal distress is, however, in

accordance with studies such as those of Hayashino, Wurtele, and Klebe (1995) and Marshall, Jones, Hudson, and McDonald (1993), which found no differences between child molesters, rapists, other offenders, and laypersons, in the first instance, and child molesters and normative data in the second.

As discussed earlier, the findings of such studies, and of the current study, support the prevalent view (e.g. Ware, 1997) that empathy deficits in child molesters are situation-dependent rather than trait-dependent, or, in this context, that empathy deficits are victim specific and will therefore not show up in general measures such as the IRI.

2. EMOTIONAL APPERCEPTION TEST

One finding, that was not predicted in the aims of this study, was that overall the participants had higher EA, PT, and ER scores on the general vignettes than on the child molestation vignettes. This may indicate a greater familiarity with the general vignettes than the child molestation vignettes by the majority of the participants, that is, the violent and nonsexual/nonviolent offenders. It may also indicate an uneasiness on the part of participants in dealing with child molestation situations.

The first group of hypotheses, as stated in the aims of this study, were not supported: child molesters did not have relatively lower scores on the child molestation vignettes than the general vignettes, violent offenders did not have lower scores on both than the

nonsexual/nonviolent group, and the nonsexual/nonviolent group did not obtain relatively greater scores on all sections than the other two groups.

The lack of differentiation between groups on the child molestation vignettes and the general vignettes lends itself to several explanations. The first of these is that neither child molesters, nor violent offenders, nor nonsexual/nonviolent offenders have deficits in their ability to empathise (given that empathy involves the process of emotional awareness, perspective taking, emotional replication) with general victims or with hypothetical child molestation victims. Alternatively, the nonsexual/nonviolent group may not have been an appropriate "normal" control, and all of the groups may have such deficits.

As a control group, the nonviolent/nonsexual group does leave a lot to be desired. Such a group was selected because of the "relatively" victimless nature of their crimes, that is their crime, such as driving while intoxicated, was not against a specific person. However, no crime is victimless: there is always, at the least, a potential victim. In the case of drunk driving for example, the offender may potentially kill or injure someone else on the roads. Such behaviour suggests that the offender either does not care or does not understand the "feelings" of these potential victims; that he does, in fact, lack empathy.

It could be argued that if empathy is situation-dependent rather than trait-dependent, then the nonsexual/nonviolent offenders should show empathy deficits only in situations relevant to their offending, as should the sexual and the violent offenders. However, as discussed earlier, it is not suggested that empathy is entirely situation

specific. Rather, while there may be relatively stable individual differences in empathy, individuals may also have more specific deficits. Thus nonviolent/nonsexual offenders may have a general empathy deficit, or none of the groups may have any general empathy deficits. The latter option is supported by the results of the IRI, other than that violent offenders appear to experience less personal distress.

The lack of differentiation on this measure between child molesters, violent offenders, and nonsexual/nonviolent offenders suggests that empathy deficits in the two former groups should be looked for in relation to their own offending.

The most interesting results came from within group comparisons between own offending, child molestation vignettes, and general vignettes. One unexpected result was that child molesters had higher EA scores for their own offending than for the child molestation vignettes. Whether these men had a greater awareness of their victim(s) emotions because, predominantly, they were already familiar the children, or whether there is some other explanation of this result, cannot be established from the available data.

The hypothesis that child molesters would have lower PT and/or ER scores for own offending than for the child molestation vignettes was not supported. The lack of difference between scores on the child molestation vignettes and own offending for child molesters does not support this hypothesis, and suggests that the level of deficit specificity in child molester empathy may not be as great as expected. Possibly any child molestation situation will elicit these deficits.

The higher ER score attained by child molesters for the general vignettes compared with own offending does support the hypothesis that child molesters will have lower PT and/or ER scores for own offending than for the general vignettes, and lends further support to the hypothesis that emotional replication is the level at which the empathy process breaks down in offenders.

The hypothesis that violent offenders would have lower scores for PT and /or ER for own offending than for the child molestation vignettes was supported. From these comparisons it emerged that violent offenders did have greater levels of EA and PT when it came to their own victims than victims of child molestation, but lower levels of ER. In fact, violent offenders showed no evidence of being able to replicate the emotions of their own victim(s).

It may be that, as violent individuals, these men have more experience with the type of emotions involved in a violent encounter, and are thus more able to appreciate the emotions and perspective of their victims, whereas they have not (to the researcher's knowledge) been in any way involved with child molestation. If, however, the inhibitory role of empathy is controlled, these men may choose not to emotionally replicate what their victim is feeling, thus allowing themselves to continue with their harmful behavior.

The hypothesis that violent offenders would have lower PT and/or ER for own offending than for the general vignettes was supported by the finding that violent offenders showed no differences in EA or PT scores between own offending and general vignettes, but had lower levels of ER for their own offending. As the violent

nature of their own offences is presumably familiar to violent offenders, so the general vignettes are everyday situations that most individuals will have encountered in some form or another. Once again, however, the lack of ER for own offending suggests deliberate blocking of this final stage of the empathy process.

There was no support for the hypotheses that child molesters and violent offenders would have greater PT and/or ER deficits during their offending than before, after or now. Instead, it was found that child molesters had greater ER "now" than "before", "during", or "after" their offence. This finding does lend further support to the view that ER is the level at which the empathy process breaks down in child molesters. One possible explanation for ER being greater "now" is that, with the passage of time, the connection between the emotional state of the victim and the actions of the perpetrator is weakened, and the perpetrator can allow himself to experience this state. Alternatively, the actual current state of the victim may, after the passage of time, have become less disturbing, both for the victim and, as a consequence, for the perpetrator. Having volunteered for treatment may also have helped these men to appreciate the current state of their victim(s).

Other than that they point to victim specific empathy deficits, the findings of this study are not in accord with the existing research literature in this area. While Ware (1997), using the EAT, found no deficits in EA, as did this study, Hudson et al (1993), using a different measure, found that sex offenders had general deficits in their ability to identify emotions.

Much of the literature to date has supposed that the specific deficits of offenders occur at the perspective taking stage of empathy. This was the finding of Ware (1997), whose use of the EAT revealed both victim specific PT deficits and smaller general PT deficits in child molesters as compared to his community controls.

While Ware (1997) also found ER deficits in child molesters, these deficits were general in nature. The present study, however, points to emotional replication as being the point at which empathy breaks down in offenders. Both child molesters and violent offenders showed significant deficits in their ability to emotionally replicate the emotions of their victims as compared to other child molestation victims and general victims, but not at the other stages of empathy.

As discussed earlier in this thesis, empathy deficits in child molesters and other offenders have been postulated because empathy is assumed to inhibit behaviour that causes distress in others. The following reasoning lends validity to the idea of emotional replication being the most important part of this process: it is possible to identify the fact that another person is distressed without experiencing distress; it is possible to see things from the perspective of a distressed person without experiencing distress; it is not possible to emotionally replicate the distress of another person and not feel distressed.

5. WAYS OF COPING

The results of this study suggest that coping styles, as measured by the WOC, do not differ in child molesters, violent offenders, and nonsexual/nonviolent offenders. This does not support the hypotheses that child molesters and violent offenders would both report less use of social support seeking as a coping strategy. However, as these hypotheses were based on the assumption that child molesters would be more fearful and preoccupied and violent offenders would be more dismissive than other participants, and as this was not the case, it is not surprising that the hypotheses were not supported.

This finding is also in opposition to the idea mentioned earlier that maladaptive coping styles may be a trait of offenders that aids in the promotion and maintenance of their offending. In this instance it would be useful to compare these offenders' coping styles with those of a "normal" population. This might help to establish whether these offenders cope in the same way *because* they are offenders and/or incarcerated. The latter possibility seems likely.

4. RELATIONSHIP QUESTIONNAIRE

While analysis of the RQ revealed no significant findings, there was a slight trend towards child molesters being less secure and more preoccupied. Although this is only

a weak result, it is in line with the theory in this area, and partly supports the hypothesis, stated earlier, that child molesters will tend to be more fearful and preoccupied than the other offenders.

Because securely attached individuals tend to experience high levels of intimacy in their adult relationships (Ward, Hudson, Marshall, & Siegert, 1995), it is unlikely that they will develop inappropriate relationships with children. Preoccupied individuals, however, seek the approval of others while seeing themselves as lacking in worth, and although they are preoccupied with relationships, these relationships tend not to be satisfactory. They also distrust others when it comes to relationships, and fear rejection. To such men children would present a nonjudgmental relationship possibility, with less likelihood of rejection.

However, there was no evidence to support the hypotheses that child molesters also tend toward a fearful style, that violent offenders tend toward a dismissive style, or that nonsexual/nonviolent offenders tend toward a secure style.

5. EMOTIONAL APPERCEPTION TEST AND THE RELATIONSHIP QUESTIONNAIRE

The finding that men with a dismissing attachment style, regardless of offence type, do more poorly at emotional replication for general accident vignettes is in accord with the hypothesised characteristics of dismissive individuals. Such individuals are assumed to achieve only low levels of intimacy in their relationships (Ward, Hudson, & Marshall,

1996). Such a lack would lead to having a less in-depth understanding of others, and a dismissive attitude towards others would discourage attempts to understand them, or to look at things from another person's point of view. The latter ability is what lies behind perspective taking, which is a prerequisite for emotional replication.

The problem with this explanation, however, is that those with a dismissing attachment style did not do more poorly on emotional replication than the other participants on the child molestation vignettes, nor did they have a lower ability to perspective take on either of the vignette types. This suggests that the significance of this result may be artifactual.

6. WAYS OF COPING AND THE RELATIONSHIP QUESTIONNAIRE

Comparing ways of coping with attachment style revealed that these traits are not strongly related in this group of men. This has not, in the past, been a focus for research, but it was reasonable to assume, for instance, that men with a social-support seeking style of coping would not have a fearful, preoccupied, or dismissing attachment style.

However, there was a slight trend, which although not significant, indicated that those individuals with a dismissing attachment style tended not to report social support seeking as a coping strategy. This is in accord with the hypothesised characterisation of individuals with a dismissive style as independent.

There was also a slight but insignificant trend towards men with a preoccupied attachment style being more self-controlling in their coping style, perhaps because they already see themselves as unworthy and do not wish to lose control.

V. LIMITATIONS OF THIS STUDY

1. GENERAL METHODOLOGICAL ISSUES

Several general methodological issues bear consideration. The first of these is the sheer amount of output asked of the participants at one time: the completion of four questionnaires, all with different formats, and two of which are lengthy. This could have led to some participants not taking the time to consider their responses carefully, and also to confusion and frustration. While the combination of the RQ, IRI, and WOC should not prove too onerous for participants, in future it would be sensible to administer the EAT by itself, as it is the longest and the most difficult of the questionnaires, not least because of its open ended format.

The other problematical area is the subject pool. All of the participants were incarcerated at the time of the study. This included the nonviolent/nonsexual offenders, who acted as a control group. The question that arises, however, is just how "normal" these individuals are. They have, after all, broken the law in some manner to the extent that they have received a prison sentence.

Despite all being incarcerated, there was one particular participant variable which was not controlled: the great majority of the child molesters were in Kia Marama unit awaiting treatment, and may, therefore, have had a different mindset from the other

participants. They may have put more thought into their responses, and would have had more practice at filling out questionnaires than most of the other participants. In future such studies, the EAT could perhaps be administered to child molesters in the general prison population; the problem with this, of course, is that such men are less likely to volunteer for such a study.

2. MEASURES

Limitations were apparent in each of the four questionnaires utilised, the IRI, the RQ, the WOC, and the EAT, although primarily in the latter. These limitations, and there possible resolutions, are discussed below.

INTERPERSONAL REACTIVITY INDEX

In the course of this study several problems with using the IRI emerged. A problem with this measure which was apparent from the outset was its failure to allow the measurement of situation-specific empathy which, as discussed in the introduction, has recently become emphasised over dispositional empathy.

The other principal problem with this measure is it comprehensibility. As participants fill out the questionnaire, they become accustomed to answering at one or the other end of the scale. Some questions, however, are negative, causing the scale to reverse (e.g.

Q.12), presumably in an attempt to establish whether respondents are actually reading the items. In fact when scoring the questionnaires it was often the case that someone who scored highly on the other questions received a correspondingly low score on questions of this nature, suggesting that they failed to note the change in question style. Given the consistency of the replies of such participants on the other questions, however, the implication is that the inconsistent replies were due to incomprehension rather than to carelessness or inattention.

The difficulty level of the vocabulary used in this measure also proved problematic. Many participants queried the meaning of specific words, notably "apprehensive" (Q.6), "objective" (Q.7), and "effective" (Q.19). This raises the worrying question of how many other participants were unsure of meanings, but did not ask the researcher, or mistakenly assumed that they did know the meanings.

The content of the questions also posed the occasional problem, specifically those that referred to specific activities. Several participants pointed out that they did not watch television or movies (Qs 7, 12, 16, 23), while several others did not read books (Qs 5, 12, 26).

Overall, it may be concluded that the IRI is a useful tool for comparing measures of dispositional empathy to those of situational empathy, but as a measure it is flawed, especially when used with less literate participants.

RELATIONSHIP QUESTIONNAIRE

The problem with the RQ is that it is too basic for such a complex assessment. However despite this, and despite apparently clear instructions, further elucidated by the researcher, the RQ elicited many paradoxical responses. Quite a few respondents indicated that one relationship style was most like them in the first section, then proceeded to rate this style lower than one or more others in the second section. This study utilised only the first section, and perhaps in future only the first or second sections should be administered, or, given the doubts this finding raises about the reliability of this measure, an entirely different approach, such as interviewing, could be used.

WAYS OF COPING

Administration of the WOC revealed only two problems. The first was that many participants had trouble deciphering the instructions. This problem would be removed by changing the word "item" to "way of coping".

The second problem was specific to the participant pool used in this study. It was not uncommon for participants to assume that the "problem" referred to in the instructions was being in prison. This, however, was overcome by the researcher making the instructions clearer verbally.

EMOTIONAL APPERCEPTION TEST

Many problems arose with the use of the EAT. Some of these related to the style of the questions, some to the vignettes, and some to the methods of scoring the measure.

SECTION A

Section A, which applies to the participants own offending, presented three problems. The first applied to only a few offenders, who claimed that their offending took place so long ago that they did not remember the emotions involved. For these individuals the addition of "...and if you do not remember, how do you *think* you/your victim would have felt?" could be made.

Another problem involving inability to answer the questions in Section A was specific to those whose victims had died as a consequence of the participants' offending. For these participants the question "How do you think the victim is most likely to currently feel...?" proved a bit of a poser. This, however, is unavoidable.

Another question that arose in the course of this research was the necessity for the descriptions requested in section A. While the researcher acknowledges that they are there in order to provide the `vignette' for the questions which follow, and to encourage the participant to think about his offence, the act of answering the questions ought to be sufficient in both regards. Thinking about and describing their offence is both time consuming and traumatic for many of the participants, and does not, as far as this researcher is concerned, warrant its inclusion. The rest of section A could, however,

stand without the inclusion of these descriptions, simply by asking the respondent to *think* about the relevant situation.

VIGNETTES

Although no doubt ambiguous, as reported by Ware (1997), some of the vignettes are not particularly emotive, particularly those depicting generally emotive situations. Question fourteen, for example, does not seem to elicit a great deal of emotion, despite the fact that in real life such a situation might do so. Making these vignettes overly emotive, however, could well detract from their ambiguity, which is an essential component of this measures competency based nature. Another problem is that very few people would fail to react emotionally to any indication of child abuse, whereas family strife (Qs 8 & 10) or competition in the workplace (Q.15) may be less well understood by some people than by others. One solution to this problem might be to create general harm vignettes that follow a similar theme (as do the child molestation vignettes) such as one of physical harm.

Another problem with the vignettes is that some of them are quite complex (e.g. Q.15). A simpler style might make it easier for less literate participants to give a competent response.

QUESTIONS

There are only two questions asked in the EAT, "How is [ ] most likely to feel?" and "How does this make you feel?". For both of these questions, the principal problem lies in the wording. Some participants may not realise that they are being asked to describe their emotions, particularly if they are not 'emotionally literate'. If asked specifically for emotions, as in "What emotions does this make you feel?", it would be interesting to observe whether different answers were given, or if "I don't know" would become a more common response.

This brings up the problem of participants assuming that there is a correct answer to each question. This was particularly apparent in questions to the researcher such as "How are you supposed to feel?" and "How does it make *you* feel?". The instructions on the front of the EAT tell the participant that there are no right or wrong answers. The researcher also emphasised this point to participants. Despite this, many participants complained to the researcher that "they didn't know how they felt" or "they didn't feel anything". It was necessary to constantly reiterate that these were in themselves quite acceptable answers.

The wording of the first question following each vignette, however, suggests that a particular answer is being sought. Changing the wording to "How do you think [ ] might feel?" would be an improvement.

The second question, "How does this make you feel?", is also problematic. Some participants assume that this means "How would this make you feel if it happened to

you/if you were his parents/if you were her father" etcetera, and answer accordingly. This question could perhaps be changed to "What emotions do you feel when you read this?", or "What emotions would you feel if you saw someone else in this situation?".

SCORING OF THE EMOTIONAL APPERCEPTION TEST

Several problems were noted with the methods of scoring the EAT. The first is with the practice of taking the higher of the two emotional awareness scores for each question, such that someone who scores a three and a three, has the same final score as someone who scores a zero and a three. No explanation of this practice is given by Ware (1997).

The principle problem with the scoring method for the EAT is its rigidity. Under this system, an incompetent response, which does not address the task, such as reporting emotions caused by something other than what is requested, still receives a score.

Rigid adherence to the "expert" criteria is also problematic. Many participants included anger in their response to question thirteen, as would the researcher, but this was not acceptable. Given that these "experts" included 'relaxed', which is not an emotion, in their criteria of emotions, a wider, and perhaps less "expert" sample might create more accurate criteria. Alternatively, such points may merely indicate the subjectivity of this area.

One way of overcoming such problems would be to provide a "dictionary" of emotions, including definitions, for reference by participants and researchers. One problem with this is that alexithymics may be able to choose the socially desirable response. The greatest problem with such a solution, however, is that it would remove the competency based nature of this measure.

EMOTIONAL REPLICATION

The most problematic area of the EAT proved to be the emotional replication sub-scale. The essence of this problem was judging what exactly emotional replication is. For example, if the target individual is happy, and the person completing the questionnaire states that he is happy *about* the fact that this individual is happy, is this emotional replication, or does this person need to be happy for the same reason as the target individual? Under the scoring guidelines, this person does score on emotional replication. Once again, this suggests that the criteria for scoring responses need to be improved.

Another problem that arose from the emotional replication construct was when participants received a score of zero for perspective taking, and then stated that they felt the same as the target individual. In this case the participants scored a zero for emotional replication also, despite the fact that they were *exactly* replicating what they *believed* to be the target individual's emotions. However, as emotional replication is central to empathy, and empathy involves understanding and feeling the emotions of others, it seems reasonable, when studying empathy, to assume that the above example does not demonstrate emotional replication.

Related to this is the possibility, under the scoring guidelines of the EAT, of achieving a score for ER even though the relevant feelings are not identified in the PT section. Similarly, scores may be achieved for both PT and ER, because both contain elements of the expert criteria, but these elements may be different (e.g. Q.1 may score PT=2 for angry and ER=2 for fearful, with no indication that fear is recognised as an emotion felt by the target individual). In such situations, has the participant merely neglected to include the relevant emotion in the PT section, or has he "fluked" an ER score? The simplest solution to this problem would be to add to the ER scoring instructions that the same emotion/s are included in the PT section.

Finally, an explanation of why particular emotions are being experienced should be included in the questions. This might help to avoid problems such as the participant stating that he was scared during his offending, and so was his victim. In this case it is unlikely to be ER, but rather the child is scared of his/her attacker, while the attacker is scared of being caught.

VI. SUGGESTIONS FOR FUTURE RESEARCH

The findings of this study, taken with those of Ware (1997), are promising for future studies of specific empathy deficits in child molesters and other offenders. Future research would do well to improve the EAT, extend its application to other populations, and establish its usefulness in the treatment, and thus the prevention of relapse, of offenders.

The results of the RQ and the WOC, while in the main insignificant, are suggestive, and provide some support for further efforts into establishing the intimacy and coping styles of offenders, particularly child molesters.

1. IMPROVING THE EMOTIONAL APPERCEPTION TEST

While the use of the EAT in this study did produce useful results, there are still many problems with this measure, as discussed under the Limitations of this Study section of this thesis. These included problems with section A, with the vignettes, with the wording of the questions, and with the scoring.

As discussed, section A would probably not suffer from the removal of the description of own offence requirement, and the addition to the questions of "...and if you do not remember, how do you *think* you/your victim would have felt?" for those whose offences occurred some time ago and who claim not to remember.

The vignettes would be improved if they were made more emotive, whilst maintaining their ambiguity, and if their wording and structure were simplified somewhat in order to make comprehension easier. More of a problem, however, are the questions asked in the EAT. Taking all of the problems with these into consideration, it is suggested that they be reworded to read, for "How is [ ] most likely to feel?' to "In your opinion, what emotions or emotion is [ ] most likely to feel and why?", and from "How does this make you feel?" to "What emotions do you feel when you read this and why?".

The greatest problems encountered in using the EAT were in the scoring guidelines. Some of these may be overcome by the alteration of the questions, as outlined above. Most of the problems, however, stem from the rigidity of the scoring system for such subjective measures. Incorporating some degree of subjectivity into the scoring may help, as may some of the more specific alterations suggested earlier.

2. EXTENDING THE APPLICATION OF THE EMOTIONAL APPERCEPTION TEST

This study compared the performances of child molesters, violent offenders, and nonsexual/nonviolent offenders on the EAT. The extension of the EAT to other populations and further use with these populations would be useful lines of research.

Originally, this study set out to compare intra-familial and extra-familial child molesters as well as the populations that were compared. However this aim was discarded due to the smaller number of child molester participants involved than was expected (30), and the relative numbers of these two sub-populations (22 intra-familial and 8 exclusively extra-familial) which made a comparison of their performances inviable. A study using greater numbers would be able to make this comparison.

Another population to which the EAT could usefully be applied is that of rapists. As has been discussed, it is suspected that rapists lack empathy towards women, and this may be one factor that allows them to harm women in this manner. The EAT could be used to establish whether this is the case and, if so, at which stage of the empathy process their empathy breaks down. This may help in formulating an explanation of *why* they lack empathy.

Finally, and perhaps most importantly, normative data is needed on the EAT. While the current study did administer the EAT to nonsexual/nonviolent offenders, it is unlikely that these men are representative of the general population. While Ware (1997) did use a community control, the low numbers, as in this study, necessitate further data collection.

If the EAT is to be used with a variety of populations, it will need to be altered accordingly. For this study the own offence material was reworded to apply to violent offenders, and a variation for rapists also needs to be developed. In section B, while the general harm vignettes may remain the same for different populations, what are currently the child molestation vignettes would have to vary according to the target

population i.e. violent and potentially violent vignettes for violent offenders, and rape related vignettes for rapists.

3. IMPLICATIONS FOR TREATMENT

The findings of this research should encourage all research into both general and situational empathy. This is particularly the case when it comes to the treatment of child molesters. After further testing, it should be possible for therapists to use the EAT to find out exactly where the empathy process is breaking down for individual sexual offenders. This will allow more individualised empathy training programmes, where specific individual deficits can be targeted.

The finding that both child molesters and violent offenders have victim specific deficits in their ability to emotionally replicate may also lead to greater focusing on emotional replication in existing empathy training programmes, which currently tend to focus on perspective taking. Hanson (1992) states that one requirement of victim empathy is the ability to cope constructively with the consequences of perspective taking. One such consequence is the emotional replication of what the victim is feeling. It is important to teach child molesters not only to engage in emotional replication, but to deal appropriately with the resulting emotions.

VII. REFERENCES

Abel, G., Becker, J., & Cunningham-Rathner, J. (1984). Complications, consent, and cognitions in sex between children and adults. *International Journal of Law and Psychiatry, 7*, 89-103.

Abel, G., Gore, D., Holland, C., Camp, N., Becker, J., & Rathner, J. (1989). The measurement of the cognitive distortions of child molesters. *Annals of Sex Research, 2*, 135-153.

Allen, R. (1990). (Ed.), The Concise Oxford Dictionary. Oxford: Clarendon Press.

Aronfreed, J. (1968). *Conduct and Conscience: The socialization of internalized control over behavior.* New York: Academic Press.

Aronfreed, J. (1970). The socialization of altruistic and sympathetic behavior. *In* J. Macaulay & L. Berkowitz (Eds.), *Altruism and Helping Behavior.* New York: Academic Press. p. 103-154.

Astin, H. (1967). Assessment of empathic ability by means of a situational test. *Journal of Counseling Psychology, 14,* 57-60.

Bandura, A., Underwood, B., & Fromson, M. (1975). Disinhibition of aggression through diffusion of responsibility and dehumanization of victims. *Journal of Research in Personality, 9*, 253-269.

Barbaree, H., Marshall, W., Yates, E. & Lightfoot, L. (1983). Alcohol intoxication and deviant sexual arousal in male social drinkers. *Behavior Research and Therapy, 21*, 365-373.

Barnard, G., Fuller, A. & Robbins, L. (1988). Child molesters. *In* J. Howells (Ed.) *Modern Perspectives in Psychosocial Pathology.* New York: Brunner/Mazel, pp23-42.

Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology, 61*, 226-244.

Batson, C. (1987). Prosocial motivation: is it ever truly altruistic? *Advances in Experimental Social Psychology, 20*, 65-122.

Batson, C., Fultz, J., & Schoenrade, P. (1987). Distress and empathy: Two qualitatively different motivational consequences. *Journal of Personality, 55*, 19-39.

Baumeister, R. (1991). *Escaping the Self.* New York: Basic Books.

Bowlby, J., & Ainsworth, M. (1991). An ethological approach to personality development. *American Psychologist, 46*, 333-341.

Bush, H. (1991*). Empathy, Emotional Awareness, and Cognitive Distorting in Child Molesters.* Unpublished manuscript, University of Canterbury, Canterbury.

Carey, J., Fox, E., & Spraggins, E. (1988). Replication of structure findings regarding the Interpersonal Reactivity Index. *Measurement and Evaluation in Counseling and Development, 21*, 102-105.

Chaplin, T., Rice, M., & Harris, G. (1995). Salient victim suffering and the sexual responses of child molesters. *Journal of Consulting and Clinical Psychology, 63*, 249-255.

Chlopan, B., McCain, M., Carbonell, J., & Hogen, L. (1985). Empathy: A review of available measures. *Journal of Personality and Social Psychology, 48*, 635-653.

Davis, M. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology, 10*, 85.

Davis, M. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*, 113-126.

Davis, M. (1994). *Empathy: A social psychological approach.* Wisconsin: Brown and Benchmark.

Deutsch, F., & Madle, R. (1975). Empathy: Historic and current conceptualizations, measurement, and a cognitive theoretical perspective. *Human Development, 18*, 267-287.

Eisenberg, N., & Fabes, R. (1990). Empathy: Conceptualization, measurement, and relation to prosocial behavior. *Motivation and Emotion, 14*, 131-149.

Eisenberg, N., & Mussen, P. (1978). Empathy and moral development in adolescence. *Developmental Psychology, 14*, 185-186.

Feshbach, N. (1975). Empathy in children: Some theoretical and empirical considerations. *Counseling Psychology, 5*, 25-30.

Feshbach, N. (1978). Studies of Empathic behavior in children. *In* B.Maher (Ed.), *Progress in Experimental Personality Research, 8*. New York: Academic Press. p.1-47.

Feshbach, N. (1982). Sex differences in empathy and social behavior in children. *In* N. Eisenberg (Ed.), *The Development of Prosocial Behavior*, New York: Academic Press.

Finkelhor, D. (1986). Sexual Abuse: beyond the family systems approach. *Journal of Psychotherapy and the Family, 2*, 53-65.

Folkman, S., & Lazarus, R. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*, 150-170.

Folkman, S., Lazarus, R., Dunkel-Schetter, C., Delongis, A., & Gruen, J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50*, 992-1003.

Freeman-Longo, R. (1986). The impact of sexual victimization on males. *Child Abuse and Neglect, 10*, 411-414.

Frude, N. (1989). The physical abuse of children. *In* K. Howells, & C. Hollin (Eds.), *Clinical Approaches to Violence.* Chichester: John Wiley & Sons.

Gilgun, J., & Connor, T. (1989). How perpetrators view child sexual abuse. *Social Work, 34*, 249-251.

Goldstein, A., & Michaels, G. (1985). *Empathy: development, training, and consequences.* London: Lawrence Erlbaum.

Griffin, W., & Bartholomew, K. 1994). The metaphysics of measurement: the case of adult attachment. *Advances in Personal Relationships, 5*, 17-52.

Groth, A. (1979). *Men Who Rape: The Psychology of the Offender.* New York: Plenum Press.

Hanson, K. (1992). Invoking sympathy - Assessment and treatment of empathy deficits among sexual offenders. *In* B. Schwarz & H. Cellini (Eds.), *The Sex Offender: New Insights, Treatment Innovations and Legal Developments*. Kingston, New Jersey: Civic Research Institute. Chapter 1.

Hanson, R., & Scott, H. (1995). Assessing perspective-taking among sexual offenders, nonsexual criminals, and nonoffenders. *Sexual Abuse: A Journal of Research and Treatment, 7*, 259-277.

Hayashino, D., Wurtele, S., & Klebe, K. (1995). Child molesters: An examination of cognitive factors. *Journal of Interpersonal Violence, 10*, 106-116.

Heath, R. (1985). Perceived parental nurturance, parent identification and sex-role orientation for female victims of sexual abuse. *Dissertation Abstracts International, 46*, 4015B.

Hewitt, P., & Flett, G. (1996). Personality traits and the coping process. *In* M. Zeidner & N. Endler (Eds.), *Handbook of Coping.* New York: John Wiley and Sons.

Hildebran, D., & Pithers, W. (1989). Enhancing offender empathy for sexual abuse victims. *In* D. Laws (Ed.), *Relapse Prevention with Sex Offenders.* New York: Guilford Press.

Hillbrand, M., Foster, H., & Hirt, M. (1990). Rapists and child molesters: Psychometric comparisons. *Archives of Sexual Behavior, 19*, 65-71.

Hobson, W. (1985). Dangerous sexual offenders. *Medical Aspects of Human Sexuality, 19*, 104-119.

Hoffman, M. (1978). Psychological and biological perspectives on altruism. *International Journal of Behavioural Development, 1*, 323-339.

Hoffman, M. (1982). Development of prosocial motivation: empathy and guilt. *In* N. Eisenberg (Ed.), *The Development of Prosocial Behavior.* New York:Academic Press.

Hoffman, M. (1984). Interaction of affect and cognition in empathy. *In* C. Izard, J. Kagan & R. Zajonc (Eds.), *Emotions, Cognition, and Behavior.* London: Cambridge University Press.

Hogan, R. (1969). Development of an empathy scale. *Journal of Consulting and Clinical Psychology, 33*, 307-316.

Hogan, R. (1975). Empathy: A conceptual and psychometric analysis. *Counseling Psychology, 5,* 14-18.

Hoppe, C., & Singer, R. (1976). Overcontrolled hostility, empathy, and egocentric balance in violent and nonviolent psychiatric offenders. *Psychological Reports, 39*, 1303-1308.

Hornblow, A. (1980). The study of empathy. *New Zealand Psychologist, 9*, 19-28.

Hudson, S., Marshall, W., Wales, D., McDonald, E., Bakkar, L., & McLean, A. (1993). Emotion recognition skills in sex offenders. *Annals of Sex Research, 6*, 199-211.

Hudson, S., Marshall, W., Ward, T., Johnston, P., & Jones, R. (1995). Kia Marama: A cognitive-behavioural programme for incarcerated child molesters. *Behavior Change, 12*, 69-80.

Hudson, S., & Ward, T. (1997). Interpersonal competency in sex offenders. In Press .

Iannotti, R. (1975). The nature and measurement of empathy in children. *Counseling Psychology, 5*, 21-25.

Ickes, W. (1993). Empathic accuracy. *Journal of Personality, 61,* 587-608.

Izard, C. (1971). *The Face of Emotion.* New York: Meredith Corporation.

Jenkins-Hall, K. (1989). Cognitive restructuring. *In* D. Laws (Ed.), *Relapse Prevention with Sex Offenders.* New York: Guilford Press.

Johnston, L., & Ward, T. (1996). Social cognition and sexual offending: A theoretical framework. *Sexual Abuse: A Journal of Research and Treatment, 8* , 55-78.

Keefe, T. (1976). Empathy: The critical skill. *Social Work, 21*, 10-14.

Knight, R., & Prentky, R. (1990). Classifying sexual offenders: The development and corroboration of taxonomic models. *In* W.Marshall, D. Laws, & H. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, theories, and treatment of the offender.* New York: Plenum Press. Chapter 3.

Krohne, H. (1996). Individual differences in coping. *In* M. Zeidner & N. Endler (Eds.), *Handbook of Coping*. New York: John Wiley and Sons.

Lane, R., & Schwartz, G. (1987). Levels of emotional awareness: A cognitive-developmental theory and its application to psychopathology. *American Journal of Psychiatry, 144*, 133-143.

Lipton, D., McDonel, E., & McFall, R. (1987). Heterosocial perception in rapists. *Journal of Consulting and Clinical Psychology, 55*, 17-21.

Lisak, D., & Ivan, C. (1995). Deficits in intimacy and empathy in sexually aggressive men. *Journal of Interpersonal Violence, 10*, 296-308.

Longo, R. (1983). Administering a comprehensive sexual aggression treatment program in a maximum security setting. *In* J. Greer & I. Stuart (Eds.), *The Sexual Aggressor: current perspectives on treatment.* New York: Van Nostrand Reinhold.

Malamuth, N. & Brown, L. (1994). Sexually aggressive men's perception's of women's communications. *Journal of Personality and social Psychology,67,* 699-712.

Marshall, W. (1989). Intimacy, loneliness and sexual offenders. *Behavior Research and Therapy, 27*, 491-503.

Marshall, W., & Barbaree, H. (1989). Sexual violence. *In* K. Howells & C. Hollin, (Eds.), *Clinical Approaches to Violence.* Chichester: John Wiley & Sons.

Marshall, W., & Barbaree, H. (1990). An integrated theory of the etiology of sexual offending. *In* W. Marshall, D. Laws & H. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, theories, and treatment of the offender.* New York: Plenum Press. Chapter 15.

Marshall, W., Hudson, S., Jones, R., & Fernandez, Y. (1995). Empathy in sex offenders. *Clinical Psychology Review, 15*, 99-113.

Marshall, W., Hudson, S., & Ward, T. (1992). Sexual deviance. In P. Wilson (Ed.), *Principles and Practice of Relapse Prevention.* New York: Guilford Press.

Marshall, W., Jones, R., Hudson, S., & McDonald, E. (1993). Generalized empathy in child molesters. *Journal of Child Sexual Abuse, 2,* 61-68.

Marshall, W., Jones, R., Ward, T., & Johnston, P. (1991). Treatment outcome with sex offenders. *Clinical Psychology Review, 11*, 465-485.

Marshall, W., O'Sullivan, C., & Fernandez, Y. (1996). The enhancement of victim empathy among incarcerated child molesters. *Legal and Criminological Psychology, 1*, 95-102.

McFall, M. (1990). The enhancement of social skills. *In* W. Marshall, D. Laws & H. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, theories, and treatment of the offender*. New York: Plenum Press, chapter 18.

Mead, G. (1934). *Mind, Self, and Society*. Chicago: University of Chicago Press.

Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality, 40*, 525-543.

Mehrabian, A., Young, A., & Sato, S. (1988). Emotional empathy and associated individual differences. *Current Psychology: Research and Reviews, 7,* 221-240.

Miller, P., & Eisenberg, N. (1988). The relation of empathy to aggressive and externalizing/antisocial behavior. *Psychological Bulletin, 103,* 324-344.

Mussen, P., & Eisenberg, N. (1977). *Roots of Caring, Sharing, and Helping*. San Francisco: W.H. Freeman and Co.

Phelan, P. (1995). Incest and its meaning: The perspectives of fathers and daughters. *Child Abuse and Neglect, 19*, 7-24.

Pithers, W. (1994). Process evaluation of a group therapy component designed to enhance sex offenders' empathy for sexual abuse survivors. *Behavior Research and Therapy, 32*, 565-570.

Porter, J., & Critelli, J. (1994). Self-talk and sexual arousal in sexual aggression. *Journal of Social and Clinical Psychology, 13*, 223-239.

Salter, A. (1988). *Treating Child Sex Offenders and Victims: A Practical Guide.* Newbury Park: Sage.

Scully, D. (1988). Convicted rapists' perceptions of self and victim: Role taking and emotions. *Gender and Society, 2,* 200-213.

Scully, D., & Marolla, J. (1984). Convicted rapists' vocabulary of motive: excuses and justifications. *Social Problems, 31,* 530-544.

Segal, Z., & Stermac, L. (1990). The role of cognition in sexual assault. *In* W. Marshall, D. Laws & H. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, theories and treatment of the offender*. New York: Plenum Press. Chapter 10.

Seidman, B., Marshall, W., Hudson, S., & Robertson, P. (1994). An examination of intimacy and loneliness in sex offenders. *Journal of Interpersonal Violence, 9*, 518-534.

Smith, H. (1966). *Sensitivity to People.* New York: McGraw-Hill.

Stermac, L. & Segal, Z. (1989). Adult sexual contact with children: an examination of cognitive factors. *Behavioral Therapy, 20,* 573-584.

Stotland, E. (1969). Exploratory investigations of empathy. *In* L. Berkowitz (Ed.), *Advances in Experimental Social Psychology Vol. 4.* New York:Academic Press. p.271-314.

Thompson, R. (1987). Empathy and emotional understanding. *In* N. Eisenberg & J. Strayer (Eds.), *Empathy and its Development.* Cambridge: Cambridge University Press. Chapter 6.

Ward, T., Hudson, S., & France, K. (1993). Self-reported reasons for offending behaviour in child molesters. *Annals of Sex Research, 6,* 139-148.

Ward, T., Hudson, S., Johnston, L., & Marshall, W. (1997). Cognitive distortions in sex offenders: an integrative view. *Clinical Psychology Review, 17, 479-507.*

Ward, T., Hudson, S., & Marshall, W. (1995). Cognitive distortions and affective deficits in sex offenders: A cognitive deconstructionist interpretation. *Sexual Abuse: A Journal of Research and Treatment, 7,* 67-83.

Ward, T., Hudson, S., & Marshall, L. (1996). Attachment style in sex offenders: a preliminary study. *Journalof Sex Research, 33*, 17-26.

Ward, T., Hudson, S., Marshall, W., & Siegert, R. (1995). Attachment style and intimacy deficits in sexual offenders: A theoretical framework. *Sexual Abuse: A Journal of Research and Treatment, 7,* 317-334.

Ward, T., McCormack, J., & Hudson, S. (1997). Sexual offenders' perceptions of their intimate relationships. *Sexual Abuse: A Journal of Research and Treatment, 9,* 57-74.

Ware, J., (1997*). The Emotional Apperception Test: a victim specific empathic competency measure for child sex offenders.* A thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts in Psychology in the University of Canterbury.

Williams, L., & Finkelhor, D. (1990). The characteristics of incestuous fathers. *In* W. Marshall, D. Laws & H. Barbaree (Eds.), *Handbook of Sexual Assault: issues, theories, and treatment of the offender.* New York: Plenum Press.

Yates, E., Barbaree, H., & Marshall, W. (1984). Anger and deviant sexual arousal. *Behavior Therapy, 15,* 287-294.

VIII. APPENDICES

1. PARTICIPANT INFORMATION SHEET

INFORMATION SHEET

EMPATHY IN OFFENDERS

You are invited to participate in a research project examining empathy in those men who have offended against children, violent offenders, and non-violent offenders. The aim of this project is to establish whether there are differences in the empathic abilities of these groups and, if so, the specific nature of these differences.

Participation in this study involves completing four questionnaires which, taken together, should take you around one hour and will involve only one session. Three of the four questionnaires are general, but the fourth involves reading and reacting to some short stories, some of which are of a sensitive nature. All questionnaires are anonymous.

If you have any questions please ring Steve Hudson on during office hours.

2. PARTICIPANT CONSENT FORM

CONSENT TO TAKE PART IN A RESEARCH PROJECT

I understand that this study, "Empathy in Offenders" will look at the empathic abilities of various types of offenders. This will involve my filling out four questionnaires. I also understand that the researcher may view my file in order to obtain demographic information, which will remain confidential.

I understand that all information will remain anonymous, that no individual information will be identified, and that only group results will be published. Taking part in this research is strictly voluntary, and I understand that I am free to withdraw from participating in this research at any time without penalty to myself.

I,_____, have read and understood the "Information Sheet" and I agree to take part in this study. I am aware that I will be required to fill in several questionnaires, which will take approximately one hour.

SIGNED:

PARTICIPANT:_____ DATE:

RESEARCHER:_____ DATE:

3. INTERPERSONALREACTIVITY INDEX

Name_____ **Date**_____

IRI

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D or E. When you have decided on your answer, fill in the letter in the answer space before the item. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly and as accurately as you can.

Does Not Describe Me Well A B C D E Describes Me Very Well

_____ 1) I daydream and fantasize with some regularity about things that might happen to me.

_____ 2) I often have tender, concerned feelings for people less fortunate than me.

_____ 3) I sometimes find it difficult to see things from the "other guy's" point of view.

_____ 4) Sometimes I don't feel very sorry for other people when they are having problems.

_____ 5) I really get involved with the feelings of the characters in a novel.

_____ 6) In emergency situations, I feel apprehensive and ill at ease.

_____ 7) I am usually objective when I watch a movie or play and I don't often get completely caught up in it.

_____ 8) I try to look at everybody's side of a disagreement before I make a decision.

_____ 9) When I see someone being taken advantage of, I feel kind of protective towards them.

_____10) I sometimes feel helpless when I am in the middle of a very emotional situation.

_____11) I sometimes try to understand my friends better by imagining how things look from their perspective.

_____12) Becoming extremely involved in a good book or movie is somewhat rare for me.

_____13) When I see someone get hurt, I tend to remain calm.

Does Not Describe Me Well	A	B	C	D	E	Describes Me Very Well

_____14) Other people's misfortunes do not usually disturb me a great deal.

_____15) If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

_____16) After seeing a play or movie, I have felt as though I were one of the characters.

_____17) Being in a tense emotional situation scares me.

_____18) When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

_____19) I am usually pretty effective in dealing with emergencies.

_____20) I am often quite touched by things that I see happen.

_____21) I believe that there are two sides to every question and try to look at them both.

_____22) I would describe myself as a pretty soft-hearted person.

_____23) When I watch a good movie, I can very easily put myself in the place of a leading character.

_____24) I tend to lose control during emergencies.

_____25) When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

_____26) When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

_____27) When I see someone who badly needs help in an emergency, I go to pieces.

_____28) Before criticizing somebody, I try to imagine how I would feel if I were in their place.

4. EMOTIONALAPPERCEPTION TEST FOR CHILD MOLESTERS

The Emotional Apperception Test

Instructions

This questionnaire is in two sections.

In **Section A**, you are required to imagine yourself in certain circumstances and answer the corresponding questions to the best of your ability. Initially you will have to describe some events that have occurred in your own words. Then you will have to think about the feelings and thoughts you had at that time, and to try and put these feelings and thoughts into words. You may make your answers as brief or as long as necessary to express how you felt or would feel.

This is quite difficult and you may take as much time as necessary to do this. You are also required to think about the other person involved in these events and his or her feelings as well as your own. Again, you will have to try and express these thoughts and feelings in words. It is important to remember that there are no right or wrong answers, so you need to give your best judgement as to the thoughts and feelings that would have occurred.

In **Section B**, you will read brief stories involving two persons in various circumstances. Some of the stories may involve an abusive/harmful situation, whereas others may involve a nonabusive/nonharmful situation. In most stories, it may be quite difficult to tell whether the situation is harmful or not.

You are simply asked to weigh up each situation and the various factors involved, and to write down in as many or as little words as needed, how the individual in question is feeling in each story. The age of the individuals in each story change, so be careful to consider how a person of each age group would feel about the situation. Again, it is important to note that there are no right or wrong answers, so all that is required is your best judgement for each story. Please answer each question, even when you are not sure of your answer.

Code No. ☐

SECTION A.

Please think carefully about the last sexual encounter you had with a child. Think through the experience you had starting with the events leading up to the sexual episode. Try to think about what happened and how you and the child would have felt and acted at certain moments. This is not easy so take your time to imagine the situation.

Question 1.

Please describe how **you** were feeling at each of the following times during the sexual encounter with the child. You may make your answers as brief or as long as necessary to express how you felt. Remember there are no right or wrong answers, just your best judgement as to how you were actually feeling at the time.

a.)

Think about the events directly leading up to the sexual encounter. *Try to recall what actions you took prior to behaving sexually with the child, how the child reacted, and what the child did. Try to remember the thoughts and feelings that you felt during this time and similarly think about how the child would probably have felt.*

Describe in as many or as little words as necessary the events leading up to the actual sexual encounter.

Explain in your own words, to your best ability, how you think **the child** was feeling at this time.

Now, thinking again about the situation explain in your own words how **you** were feeling directly leading up to the sexual encounter.

b.)

Now think about the actual sexual encounter that you had with the child. *Think about the situation and try to recall what you did, how you acted, how the child acted, and the thoughts and feelings of both the child and yourself.*

Describe in as many or as little words as necessary the actual sexual encounter that you had with the child.

Explain in your own words, to your best ability how you think **the child** was feeling at this time.

Now, explain in your own words, as well as you can, how **you** felt during the encounter with the child.

c.)

Think about the events that immediately followed the sexual encounter with the child. *Recall the way both the child and yourself reacted to the encounter and try to remember the thoughts and feelings that you experienced. Also try to think about the thoughts and feelings the child would have had.*

To your best ability, describe the events that immediately followed the encounter with the child.

Explain in your own words as best you can, how you think **the child** would have felt at this point of time.

Now, explain in your own words how **you** felt immediately after the sexual encounter with the child.

d.)

Now, think again about the sexual encounter that you had with this child and how you and the child feel about it now. *Try to think about the emotions, thoughts and behaviours that the child would now be experiencing because of the encounter. Also think about your own feelings and thoughts concerning the sexual encounter with the child.*

Explain in your own words as best you can, how you think **the child** is most likely to currently feel about the experience they had with you.

Now, explain in your own words how **you** now feel about the experiences that you had with the child and about what happened to the child.

SECTION B

Question 1

Daniel, age 16, hated going to school. It bored him and he always had trouble paying attention to the teacher. He wanted to leave, but he knew that his parents would be really upset and angry with him, so he decided to bunk school and spend most of his days at his friends place. One morning at the school assembly, he was sent to the principal because of his bunking school. He was suspended from school for a week, and the principal phoned his parents to tell them.
Daniel most likely would feel?

How does this make you feel?

Question 2.

A man is walking down the street. An eight year old girl approaches the man and asks him directions. They have seen each other in the neighbourhood, but they have not met before. They talk briefly. The girl is smiling. Before she leaves, the man gives her a hug and a kiss.
As she leaves, the girl is most likely to feel?

How does this make you feel?

Question 3.

Kahu, age 8, often plays by himself by the river. One day when he is down by the river, he sees Sam, who owns the local dairy. Sam comes up to Kahu and they talk for a while. Sam tells Kahu that he could get a lot of candy if he would play a special game. Kahu agrees. Sam then takes down his pants and tells Kahu to play with his penis. Kahu does it.
Kahu is most likely to feel?

How does this make you feel?

Question 4.

Terry's older brother died of cancer when Terry was only 5 years old. Terry spent a long time getting over his loss. One day while at work, one of his female work mates mentioned that Terry was looking very attractive. However she knew that Terry had a girlfriend, so she told Terry that if he had a brother she would go out with him.
On hearing this, Terry is most likely to feel?

How does this make you feel?

Question 5.

Talalofia, age 67, enjoys looking after his grandson, Malafunga, age 9. One day, Malafunga was riding his bike around the backyard when he fell off, cutting his knee. Talalofia heard Malafunga crying and to comfort him, he picked Malafunga up and bounced him up and down on his lap. When Malafunga finished crying, Talalofia continued to bounce him on his lap.
Malafunga is most likely to feel?

How does this make you feel?

Question 6.

John, age 17, often visits his Uncle's house in the weekends so he can watch the rugby on Sky TV. His cousin, Roderick, age 7, often watches too. One weekend, John and Roderick are watching Sky movies, when an adult movie comes on. John tells Roderick that he should watch and learn from the movie. Half way through the movie, John shows Roderick his erect penis.
Roderick is most likely to feel?

How does this make you feel?

Question 7.

Hayley, age 14, plays volleyball every Tuesday after school. One day during a game against one of the top teams in the competition, Hayley injured her ankle when she fell after scoring a point. It was an important game for Hayley as it was the first game her father had come to watch and they had to win to reach the finals. Hayley injured her ankle in the first couple of minutes and could not play in the rest of the game.
Hayley's father left to go back to work when he saw his daughter could not continue playing. Hayley's team won.
Hayley is most likely feeling?

How does this make you feel?

Question 8.

Lisa, age 11, does not get on with her parents, whom she regards as unfair and mean. One day, Lisa's father sends her to her room for not eating her tea. Lisa runs away, and is gone for a week. She stays at her friend's house. Her parents do not know where she is.
When she returns home a week later, her father is most likely to feel?

How does this make you feel?

Question 9.

Jane, age 9, visits her cousin Raymond, age 18, about once a month. Jane usually rides her bike by herself to Raymond's house. Raymond lets her play with his computer games and exercise equipment. One day, Jane tells Raymond that she is a big, strong girl now and she could wrestle Raymond to the ground. Raymond accepts the challenge and wrestles with her (not really trying) for several minutes before allowing himself to be pinned on his back. He then threatens that if she does not let him go he will kiss her and give her "boy germs." Jane then pauses for a moment and then gets off him.
Jane is most likely feeling?

How does this make you feel?

Question 10.

Solomon, age 14, had always wanted to cook tea for his family. One winters day his mother and father were both sick with the flu, so Solomon decided to make them a special meal. His mother warned him not to make too much of a mess as his Aunty was coming around later. Solomon cooked a big meal and tided up the kitchen. After he finished his meal he went back into his parents bedroom to collect the dishes. His mother and father had hardly touched their dinner, but told him it was nice. His father got up to check the kitchen.
Solomon would most likely be feeling?

How does this make you feel?

Question 11.

Stefan, age 34, works until late at night. When he arrives home he always checks on his daughter Rachael, age 9, to see if she is all right. One night, he sees that she is tossing and turning in her sleep. He sits on the bed next to her, kisses her on the cheek, and cuddles her tightly. Rachael wakes up with a fright, but sees that it is her father.
Rachael is most likely to feel?

How does this make you feel?

Question 12.

Jason, age 28, enjoys drinking at the local pub every Friday night with his friends. One night he is talking with his ex-girlfriend, Sarah, age 26, when her current boyfriend arrives. He does not look particularly impressed that Sarah is talking to Jason, even though he does not realise that Jason and Sarah used to go out. Jason offers to buy him a drink, but he declines telling Jason that he is a loser and to get out of his sight.
Jason is most likely to feel?

How does this make you feel?

Question 13.

Richard and Belinda have been seeing each other for 2 years and have lived together for 6 months. Recently, Belinda moved out to start a new job in a different city. Richard was unable to shift with her. Richard feels terrible that she is away. She does not have enough time to talk when he calls and she discourages him from coming to see her in the weekends, claiming that it is too expensive. One evening she rings Richard wanting to break up with him. Richard is not home, but a woman answers the phone.
Belinda is most likely to feel?

How does this make you feel?

Question 14.

Eric, age 22, and Charles, age 18, like to run on the beach every Sunday. They do this to relax and talk about their weeks. One summer morning, they decide to have a race along the beach for a couple of dollars. Charles reaches the stated finish line first. He looks back to see that Eric has stood on something, and is sitting on a log.
Charles is mostly likely to be feeling?

How does this make you feel?

Question 15.

Peter, age 24, and his friend work together at an accounting firm. They usually work together on the big projects that they are given. There is a prize given annually to the best performance of the year, in terms of the quality of work done on a work project. Peter and his friend work hard to win this prize. At the end of year party the winner is announced, it is Peter's friend.
How is Peter most likely to feel?

How does this make you feel?

Question 16.

Megan, age 25, raised her daughter Beth, age 4, by herself as Beth's father left Megan for another woman. One morning, when Megan was washing Beth, She inserted her finger in Beth's bottom to clean her thoroughly. She then cleaned Beth's vagina in the same manner.
Beth is most likely feeling?

How does this make you feel?

Question 17.

Jack has a good relationship with his daughter, Tracey, who is now turning 13. Jack still occasionally tucks Tracey into bed at night. One night, Jack sits on the edge of Tracey's bed and rubs her back. He then massages her shoulders. She tells her father that she has had enough massage, and that she would like to go to sleep now. Jack gives her a kiss on her forehead, and leaves.
Tracey is most likely to feel?

How does this make you feel?

Question 18.

Terry, age 23, had a particularly bad day. He got fired from work, and on his way home got a ticket for speeding. He decided to stop at the pub on the way home. When he arrived home, he was drunk and extremely angry. He crept into his daughter's bedroom and climbed into bed with her. He woke her up and whispered that she was the only one who really understood him.
His daughter most likely would feel?

How does this make you feel?

Question 19.

Richard, age 30, caught the bus to town one Saturday morning. He almost missed the bus and only got to the bus stop just in time. Even now he was running late for a meeting in town and was hoping that the bus would not stop again on the way into town. The bus stopped at an intersection, and Richard saw an elderly woman trying to wave down the bus so it would stop for her. The bus driver did not see the old woman and carried on.
Richard would most likely feel?

How does this make you feel?

Question 20.

Katie, age 7, fell off a swing and bruised and cut her back and bottom. Her mother took her to see Dr. Reid, age 43, who was their family doctor. Dr. Reid cleaned the cuts, and put plasters on Katie's bottom. As he did this, he told Katie that she was a brave little girl and that the cuts would heal quickly. Before Katie left, Dr. Reid gave her a small kiss on her forehead.
Katie would most likely feel?

How does this make you feel?

5. EMOTIONAL APPERCEPTION TEST FOR VIOLENT OFFENDERS (SECTION A)

SECTION A.

Please think carefully about the last violent encounter you had. Think through the experience you had starting with the events leading up to the episode. Try to think about what happened and how you and the victim would have felt and acted at certain moments. This is not easy so take your time to imagine the situation.

Question 1.

Please describe how **you** were feeling at each of the following times during the violent encounter. You may make your answers as brief or as long as necessary to express how you felt. Remember there are no right or wrong answers, just your best judgement as to how you were actually feeling at the time.

a.)

Think about the event directly leading up to the violent encounter. *Try to recall what actions you took prior to behaving violently with the victim, how the victim reacted, and what the victim did. Try to remember the thoughts and feelings that you felt during this time and similarly think about how the victim would probably have felt.*

Describe in as many or as little words as necessary the events leading up to the actual violent encounter.

Explain in your own words, to your best ability, how you think **the victim** was feeling at this time.

Now, thinking again about the situation explain in your own words how **you** were feeling directly leading up to the violent encounter.

b.)

Now think about the actual violent encounter. *Think about the situation and try to recall what you did, how you acted, how the victim acted, and the thoughts and feelings of both the victim and yourself.*

Describe in as many or as little words as necessary the actual violent encounter.

Explain in your own words, to your best ability how you think **the victim** was feeling at this time.

Now, explain in your own words, as well as you can, how **you** felt during the violent encounter.

c.)

Think about the events that immediately followed the violent encounter. *Recall the way both the victim and yourself reacted to the encounter and try to remember the thoughts and feelings that you experienced. Also try to think about the thoughts and feelings the victim would have had.*

To your best ability, describe the events that immediately followed the encounter.

Explain in your own words as best you can, how you think **the victim** would have felt at this point of time.

No, explain in your own words how **you** felt immediately after the violent encounter.

d.)

Now, think again about the violent encounter that you had and how you and the victim feel about it <u>now</u>. *Try to think about the emotions, thoughts and behaviours that the victim would now be experiencing because of the encounter. Also think about your own feelings and thoughts concerning the encounter.*

Explain in your own words as best you can, how you think **the victim** is most likely to currently feel about the experience they had with you.

Now, explain in your own words how **you** now feel about the experiences that you had with the victim and about what happened to the victim.

6. WAYS OF COPING

Please read each item below and indicate, by ticking the appropriate category, to what extent you used it in the most stressful encounter that occurred in the last seven days. wcq

Just concentrated on what I had to do next—the next step
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I did something which I didn't think would work, but at least I was doing something
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Tried to get the person responsible to change his or her mind
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Talked to someone to find out more about the situation
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Criticized or lectured myself
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Tried not to burn my bridges, but leave things open somewhat
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Hoped a miracle would happen
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Went along with fate; sometimes I just have bad luck
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Went on as if nothing had happened
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I tried to keep my feelings to myself
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Looked for the silver lining, so to speak; tried to look on the bright side of things
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Slept more than usual
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I expressed anger to the person(s) who caused my problem
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Accepted sympathy and understanding from someone
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I was inspired to do something creative
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Tried to forget the whole thing
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I got professional help
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Changed or grew as a person in a good way
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I apologized or did something to make up
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I made a plan of action and followed it
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I let my feelings out somehow
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Realized I brought the problem on myself
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I came out of the experience better than when I went in
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Talked to someone who could do something concrete about the problem
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, and so forth

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Took a big chance or did something very risky

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I tried not to act too hastily or follow my first hunch

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Found new faith

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Rediscovered what is important in life

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Changed something so things would turn out alright

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Avoided being with people in general

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Didn't let it get to me; refused to, think about it too much

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I asked a relative or friend I respected for advice

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Kept others from knowing how bad things were

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Made light of the situation; refused to get too serious about it

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Talked to someone about how I was feeling

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Stood my ground and fought for what I wanted
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Took it out on other people
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Drew on my past experiences; I was in a similar position before
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I knew what had to be done, so I doubled my efforts to make things work
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Refused to believe that it had happened
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I made a promise to myself that things would be different next time
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Came up with a couple of different solutions to the problem
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I tried to keep my feelings from interfering with other things too much
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I changed something about myself
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Wished that the situation would go away or somehow be over with
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

Had fantasies about how things might turn out
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I prayed
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I went over in my mind what I would say and do
0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

I thought about how a person I would admire would handle the situation and used that as a model

0 [ ] does not apply and/or not used
1 [ ] used somewhat
2 [ ] used quite a bit
3 [ ] used a great deal

7. RELATIONSHIP QUESTIONNAIRE

Code No: _____ **Date:** _____

R.Q.

PLEASE READ DIRECTIONS

1. Following are descriptions of four adult romantic relationship styles that people often report. Please read each description and CIRCLE the letter corresponding to the style that *best* describes you or is *closest* to the way you generally are/have been in your adult romantic relationships.

A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

2. Please rate each of the following relationship styles according to the *extent* to which you think each description corresponds to your adult romantic style. **Indicate your response for each item by circling, using the scale below of 1(=not at all like me) to 7(=very much like me).**

A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

	Not at all like me			*Somewhat like me*			*Very much like me*
Style A.	1	2	3	4	5	6	7
Style B.	1	2	3	4	5	6	7
Style C.	1	2	3	4	5	6	7
Style D.	1	2	3	4	5	6	7